



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Falls Lake National Insurance Company

NAIC Group Code	3494 (Current)	3494 (Prior)	NAIC Company Code	31925	Employer's ID Number	42-1019055
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Incorporated/Organized	02/06/1974		Commenced Business	02/21/1974		
Statutory Home Office	50 West Broad Street, Suite 1330 (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	6131 Falls of Neuse Rd., Suite 306 (Street and Number)		919-882-3585 (Area Code) (Telephone Number)			
Raleigh, NC, US 27609 (City or Town, State, Country and Zip Code)						
Mail Address	PO Box 97488 (Street and Number or P.O. Box)		Raleigh, NC, US 27624-7488 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6131 Falls of Neuse Rd., Suite 306 (Street and Number)		919-882-3585 (Area Code) (Telephone Number)			
Raleigh, NC, US 27609 (City or Town, State, Country and Zip Code)						
Internet Website Address	www.fallslakeins.com					
Statutory Statement Contact	Timothy Sean MacAleese (Name)		804-281-2683 (Area Code) (Telephone Number)			
accounting@fallslakeins.com (E-mail Address)	888-698-7290 (FAX Number)					

OFFICERS

President/CEO Terence Michael McCafferty SVP/Chief Financial Officer Timothy Sean MacAleese
Secretary/Chief Actuary Eric Forest Island Treasurer/Controller Daniel Arthur Shultis

OTHER

OTHER Sarah Casey Doran, Chairperson of the Board Benson Lee Jeffress, Assistant Secretary Courtney Gray Warren, SVP/Chief Claims Officer

DIRECTORS OR TRUSTEES

Sarah Casey Doran Terence Michael McCafferty Michael Edward Crow
Courtenay Gray Warren Timothy Sean MacAleese Thomas Edward Peach

State of North Carolina SS: _____
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.

Terence Michael McCafferty
President/CEO

Eric Forest Liland
Secretary/Chief Actuary

Timothy Sean MacAleese
SVP/Chief Financial Officer

Subscribed and sworn to before me this

14th day of

- a. Is this an original filing? _____
- b. If no, _____

Yes [X] No []

and sworn to before me this
th day of May
Hannah Givens

HANNAH GIVENS
NOTARY PUBLIC
Wilson County
North Carolina
My Commission Expires 8/11/21

b. If no,

day or May
Hannah Givens