



QUARTERLY STATEMENT
 AS OF JUNE 30, 2025
 OF THE CONDITION AND AFFAIRS OF THE
FALLS LAKE NATIONAL INSURANCE COMPANY

NAIC Group Code.....3494.....3494.....NAIC Company Code.....31925....Employer's ID Number....42-1019055.....
 (Current) (Prior)

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....

Country of Domicile.....US.....

Incorporated/Organized.....02/06/1974.....Commenced Business.....02/21/1974.....

Statutory Home Office.....1160 DUBLIN ROAD, SUITE 400.....COLUMBUS, OH, US 43215.....

Main Administrative Office.....6131 FALLS OF NEUSE RD., SUITE 306.....RALEIGH, NC, US 27609.....919-882-3585.....

(Telephone Number)
 RICHMOND, VA, US 23261.....

Mail Address.....P.O. BOX 27648.....

Primary Location of Books and
 Records.....6131 FALLS OF NEUSE RD., SUITE 306.....RALEIGH, NC, US 27609.....919-882-3585.....

(Telephone Number)
 (E-Mail Address) 804-289-2711.....

Internet Website Address.....WWW.FALLSLAKEINS.COM.....

Statutory Statement Contact.....PATRICIA AILEEN SELLS.....ACCOUNTING@FALLSLAKEINS.COM.....804-420-1059.....

(Telephone Number)
 (Fax Number)

OFFICERS

WILLIAM KENAH BOWMAN, PRESIDENT/CEO.....TIMOTHY SEAN MACALEESE, SVP/CHIEF FINANCIAL OFFICER.
 JANE ALICE BROWN#, SECRETARY.....DANIEL ARTHUR SHULTIS, TREASURER/CONTROLLER.....

OTHER

SARAH CASEY DORAN, CHAIRPERSON OF THE BOARD.....

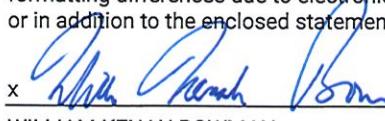
DIRECTORS OR TRUSTEES

SARAH CASEY DORAN.....WILLIAM KENAH BOWMAN.....
 MICHAEL EDWARD CROW.....ANGELA JENKINS BURNETT.....
 TIMOTHY SEAN MACALEESE.....THOMAS EDWARD PEACH.....

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

SS

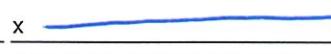
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.


 x WILLIAM KENAH BOWMAN

PRESIDENT/CEO


 x DANIEL ARTHUR SHULTIS

TREASURER/CONTROLLER


 x TIMOTHY SEAN MACALEESE

SVP/CHIEF FINANCIAL OFFICER

Subscribed and sworn to before me

this 29th day of
 July, 2025


 x KAITLIN COLTHARP

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____





QUARTERLY STATEMENT
 AS OF JUNE 30, 2025
 OF THE CONDITION AND AFFAIRS OF THE
FALLS LAKE NATIONAL INSURANCE COMPANY

NAIC Group Code 3494 3494 NAIC Company Code 31925 Employer's ID Number 42-1019055
 (Current) (Prior)

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 Country of Domicile US
 Incorporated/Organized 02/06/1974 Commenced Business 02/21/1974
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 Main Administrative Office 6131 FALLS OF NEUSE RD., SUITE 306 RALEIGH, NC, US 27609 919-882-3585
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Statutory Statement Contact PATRICIA AILEEN SELLS ACCOUNTING@FALLSLAKEINS.COM
 (E-Mail Address) 804-420-1059 (Fax Number)

OFFICERS

WILLIAM KENAH BOWMAN, PRESIDENT/CEO JANE ALICE BROWN#, SECRETARY
 (Telephone Number) (Fax Number)

OTHER

SARAH CASEY DORAN, CHAIRPERSON OF THE BOARD
 (Telephone Number)
 (Fax Number)

DIRECTORS OR TRUSTEES

SARAH CASEY DORAN WILLIAM KENAH BOWMAN
 MICHAEL EDWARD CROW ANGELA JENKINS BURNETT
 TIMOTHY SEAN MACALEESE THOMAS EDWARD PEACH
 (Telephone Number) (Fax Number)

State of VIRGINIA
 County of HENRICO SS

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.

x x x

WILLIAM KENAH BOWMAN PRESIDENT/CEO	DANIEL ARTHUR SHULTIS TREASURER/CONTROLLER	TIMOTHY SEAN MACALEESE SVP/CHIEF FINANCIAL OFFICER
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Subscribed and sworn to before me
 this 23rd day of
July, 2025
 x Christy Michelle Forehand

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number: _____
 2. Date filed: _____
 3. Number of pages attached: _____

