

**THE NORTH CAROLINA STATE BAR**  
**ANNUAL REPORT FOR REGISTERED PREPAID LEGAL SERVICES PLAN**  
**(Year: 2014)**

The North Carolina State Bar requires, pursuant to 27 N.C. Admin. Code Chapter 1, Subchapter E, § .0307 of the North Carolina State Bar Regulations for Organizations Practicing Law, that each prepaid legal services plan registered to operate in North Carolina submit a registration renewal every year. The provisions of 27 N.C. Admin. Code Chapter 1, Subchapter E, § .0307 of the North Carolina State Bar Regulations for Organizations Practicing Law hold that a prepaid plan may not continue to operate in North Carolina if its annual renewal is not accepted by the North Carolina State Bar on or before January 31 of each year.

**Accordingly, this form and any accompanying documents must be completed and submitted to the North Carolina State Bar no later than December 1 so that the application can be reviewed and a determination made regarding its acceptance by the January 31 deadline.**

Mail this report to:

Secretary of the North Carolina State Bar  
c/o Joshua T. Walthall, Deputy Counsel  
North Carolina State Bar  
PO Box 25908  
Raleigh, NC 27611

Plan Name: \_\_\_\_\_

Plan Number: \_\_\_\_\_

Date: \_\_\_\_\_

Are there any changes you wish to make to your plan? ☐ Yes ☐ No

**If “No,” please leave the rest of the document blank, save for the certification on page 3. If “Yes,” please only complete the portions below that you wish to change this coming year.**

**Please note that if you wish to change any of the information listed below, you must indicate it here and complete and file a separate amendment form.**

1. New Name of Legal Services Plan: \_\_\_\_\_
2. New Name of Plan Sponsor: \_\_\_\_\_
3. New Name of Registered Agent of Plan or Entity Owning Plan in North Carolina:  
\_\_\_\_\_
4. New Name of Plan Administrator: \_\_\_\_\_

5. Names, addresses, and telephone numbers of all new attorneys responsible for furnishing legal services in the plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note that all new attorneys must submit a certification form covering this specific plan.)

6. This registration includes attachments detailing the following information: (check if applicable)

- \_\_\_\_\_ New terms of the legal services plan  
\_\_\_\_\_ New schedule of benefits  
\_\_\_\_\_ New subscription charges  
\_\_\_\_\_ New participating attorney agreement  
\_\_\_\_\_ New attorney certifications for new participating attorneys

7. New Address of Plan: \_\_\_\_\_

8. New Telephone Number of Plan: \_\_\_\_\_

9. New Address of Registered Agent of Plan or Entity Owning Plan in North Carolina:  
\_\_\_\_\_

10. New Telephone Number of Registered Agent of Plan or Entity Owning Plan in North Carolina:  
\_\_\_\_\_

11. New Address of Plan Administrator: \_\_\_\_\_

12. New Telephone Number of Plan Administrator: \_\_\_\_\_

13. New person to be contacted by the North Carolina State Bar:  
\_\_\_\_\_

14. New address of person to be contacted by the North Carolina State Bar:  
\_\_\_\_\_

15. New telephone number of person to be contacted by the North Carolina State Bar:  
\_\_\_\_\_

16. If you made any amendments to your plan since its last annual report to the North Carolina State Bar that are not indicated herein, please attach copies of your amendment forms and the letter from the North Carolina State Bar accepting your amendments to this report and indicate in the box provided if any amendments are attached.

☐ Amendment materials are attached

17. If you are using any new sales brochures, pamphlets or other advertising materials to market your plan, please attach copies of them to this report and indicate in the box provided if any materials are attached.

☐ New advertising materials are attached

I certify that the information contained herein is true and correct to the best of my knowledge. I am aware that any amendments to this plan or to any documents required to be filed upon registration of the plan shall be filed with the North Carolina State Bar on a form provided by the North Carolina State Bar within 30 days of the adoption of the amendment. **A check for the annual registration fee of \$100.00, made payable to the North Carolina State Bar, is enclosed. I understand that the annual registration fee is non-refundable.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

*Amended 5/2014*