

REGISTRATION RENEWAL FORM FOR PREPAID LEGAL SERVICES PLAN

Each prepaid legal services plan registered to operate in North Carolina shall renew its registration each year. If a plan fails to file the registration renewal form and pay the annual registration fee by December 1, counsel may request the Authorized Practice Committee at its next quarterly meeting to instruct the secretary of the State Bar to serve upon the plan's owner a notice to show cause why the plan's registration should not be revoked.

1. Current Registration Information

a. Plan Name: _____

b. Plan Number: _____

2. Is the plan still offered by a person or entity not authorized to engage in the practice of law?

 Yes No

3. Does the plan, in exchange for any valuable consideration, still offer to arrange the provision of specified legal services that are paid for in advance of any immediate need for the specified legal service ("covered services")?

 Yes No

4. Are the legal services the plan offers to arrange still provided by North Carolina licensed attorneys who are not employees, directors, or owners of the plan?

 Yes No

5. Do the covered services the plan offers to arrange still extend beyond the sale of an identified, limited legal service, such as drafting a will, for a fixed, one-time fee?

 Yes No

6. Attach a list of the names, addresses, bar numbers, and telephone numbers of all North Carolina licensed attorneys who provide or offer to provide the legal services arranged by the plan. This list should be alphabetized by attorney last name.

7. If there have been any amendments to the plan since its initial registration statement or since it renewed its registration last year that are not indicated herein, please attach copies of the registration amendment forms filed with the State Bar and the letter from the State Bar reporting that such forms were registered to this report and indicate in the box provided whether any amendments are attached.

8. Is a check for the non-refundable annual registration fee payable to the State Bar enclosed with this report?

- Yes
- No

9. Are there any changes the owner signing below wishes to make to the plan?

- Yes
- No

a. If “No,” please skip to item 15. If “Yes,” only complete the items below that the plan owner wishes to change. Please note that any desired changes must be indicated here and that the plan owner must complete and file a separate registration amendment form.

10. New Name of Plan: _____

11. New Owner of Plan

a. Name: _____

b. Title: _____

12. New Principal North Carolina Address for Plan

a. Address: _____

b. City: _____

c. State: _____

d. Zip Code: _____

13. New Contact Information for Plan Representative

a. Name: _____

b. Address: _____

c. City: _____

d. State: _____

e. Zip Code: _____

f. Telephone Number: _____

g. Email Address: _____

14. Does the plan owner signing below understand that the amendments to this plan may not be implemented until the registration amendment form is registered with the State Bar in accordance with 27 N.C.A.C. 1E, §§ .0313 through .0315 of the North Carolina State Bar Regulations for Organizations Practicing Law?

- Yes
- No

15. Does the plan owner signing below certify that the information contained herein is true and correct to the best of his or her knowledge?

- Yes** **No**

Date

Signature of Plan Owner

Typed Name of Plan Owner