

**INITIAL REGISTRATION STATEMENT FORM FOR
PREPAID LEGAL SERVICES PLAN**

Any person or entity seeking to operate a prepaid legal services plan shall register the plan with the North Carolina State Bar on the initial registration statement form provided by the State Bar. Each plan must be registered prior to its operation in North Carolina.

The plan owner shall complete this form and file it with the secretary of the State Bar. The plan owner must provide complete responses to each of the following items. The plan will not be registered if any item is left incomplete.

1. Name of Plan: _____

a. Owner of Plan

i. Name: _____

ii. Title: _____

2. Principal North Carolina Address for Plan

a. Address: _____

b. City: _____

c. State: _____

d. Zip Code: _____

3. Contact Information for Plan Representative

a. Name: _____

b. Address: _____

c. City: _____

d. State: _____

e. Zip Code: _____

f. Telephone Number: _____

g. Email Address: _____

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

Yes **No**

5. Does the plan, in exchange for any valuable consideration, 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**

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

Yes **No**

- a. Attach a list of the names, addresses, bar numbers, and telephone numbers of all North Carolina licensed attorneys who have agreed to participate in the plan. This list should be alphabetized by attorney last name.
- 7. Do the covered services the plan offers to arrange extend beyond the sale of an identified, limited legal service, such as drafting a will, for a fixed, one-time fee?
 Yes **No**
- 8. Has the plan owner signing below read and gained an understanding of the administrative rules applicable to prepaid legal services plans as adopted by the State Bar Council?
 Yes **No**
- 9. Does the plan owner signing below agree to comply with the administrative rules applicable to prepaid legal services plans as adopted by the State Bar Council and accept responsibility for the plan’s compliance with those administrative rules?
 Yes **No**
- 10. Has the plan owner signing below read and gained an understanding of the law governing the unauthorized practice of law as set out in N.C. Gen. Stat. § 84-2.1, 4, and 5?
 Yes **No**
- 11. Is a check for the initial registration fee made payable to the State Bar enclosed with this statement?
 Yes **No**
- 12. After reading the foregoing form and the list of all North Carolina licensed attorneys who have agreed to participate in the plan in its entirety, does the plan owner signing below certify that all statements made in this form and the list of all North Carolina licensed attorneys who have agreed to participate in the plan are true and correct to the best of his or her knowledge?
 Yes **No**

Date

Signature of Plan Owner or Sponsor

Typed Name of Plan Owner or Sponsor