



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PREPAID LEGAL SERVICES PLAN APPLICATION FOR NEW OR RENEWAL CERTIFICATE OF REGISTRATION

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-16-204

[www.sccoconsumer.gov](http://www.sccoconsumer.gov)  
803-734-4236/800-922-1594

**Street Address**

3600 Forest Drive  
Columbia, SC 29204-4006

Name of Prepaid Legal Services Plan: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

(if different from above)

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Fax Number:

\_\_\_\_\_

President of Prepaid Legal Services Plan:

\_\_\_\_\_

Also Enclosed:

Filing Fee  (\$800.00)

Audited Financial Statement

Bond  (\$50,000.00)

Company:

\_\_\_\_\_

Number:

\_\_\_\_\_

Original or certified, true copy of Certificate of Existence  
if South Carolina corporation.

**On initial application** the original or certified, true copy  
of Certificate of Authority to do Business in South  
Carolina if non-South Carolina corporation.

or

**For renewals** an out-of-state corporation needs to  
submit A current Good Standing Certificate from the S.C.  
Secretary of State's Office.

To the Department of Consumer Affairs  
Columbia, SC

### Part I

On behalf of \_\_\_\_\_, (hereinafter "Plan") of \_\_\_\_\_,  
(Name of prepaid legal services plan) (City)

\_\_\_\_\_ a prepaid legal services plan created under the laws of the State of \_\_\_\_\_,  
(State) (State)

I \_\_\_\_\_, hereby apply for a Certificate of Registration pursuant to Section 37-16-10 et seq. of  
(Authorized Representative)

the South Carolina Code of Laws authorizing and empowering the above named prepaid legal services plan to operate in the State of South Carolina under such Certificate until it is surrender, suspended, revoked or terminated by the South Carolina Department of Consumer Affairs ("Department").

### Part II

I, \_\_\_\_\_, of \_\_\_\_\_, agree, pledge and certify that the  
(Authorized Representative) (Name of Plan)

Plan will operate in accordance with and obey and abide by all applicable laws of the State of Carolina, including the following South Carolina Consumer Protection Code and the provisions specified by Section 37-16-10 et seq.

1. Accompanying this application to the South Carolina Department of Consumer Affairs (hereinafter "Department") is a bond or letter of credit (check one) in the amount of \$50,000, made in favor of the State of South Carolina, which will remain in force as long as the Plan conducts business in South Carolina.

2. Any person to be appointed by the Plan for the purpose of direct selling or direct in-person or electronic solicitation of the general public or segments of the general public on behalf of the applicant will complete an appointment form prescribed by the Department. Said appointment form will be transmitted to the Department, accompanied by payment of a \$40.00 annual fee, prior to commencement of any activity described in this paragraph by the person appointed. The appointment, with annual payment of \$40.00, will be renewed each year no later than October 1.

3. Plan will file with the Department, no later than March 1 of each year, on a form prescribed by the Department, an updated current renewal registration statement.

4. Plan will pay an annual registration fee of eight hundred dollars in connection with its annual registration.

5. Plan will file with the Department for approval any contracts offering prepaid legal services prior to their being offered to the general public or a segment of the general public.

### Part III

1. Has plan had any professional, vocational or business license denied, suspended, revoked or restricted by any regulatory authority in this or any other state or been withdrawn or surrendered to avoid disciplinary action, or has Plan been subject of any monetary penalty or fine by such authority? Yes No (If yes, attach explanation)

2. Has Plan had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a prepaid legal services plan? Yes No (If yes, attach explanation)

3. Has Plan been declared insolvent or discharged from bankruptcy within the last ten (10) years? Yes No (If yes, attach explanation)

4. Have any Plan's officers or directors been indicted for or convicted in a criminal proceeding (excluding minor traffic violations) within the past ten (10) years? Yes No (If yes, attach explanation)

**Part IV**

**Financial Information**

Plan's financial condition as of calendar year ending within one year prior to date of renewal.

Total Assets	\$	_____
Total Liabilities	\$	_____
Stockholders' Equity	\$	_____
Annual Membership Fees	\$	_____
Total amount collected from members nationwide for previous calendar year	\$	_____
Total amount collected from Members in South Carolina only	\$	_____

**FOR SCDCA USE**

- Filing Fee
- Audited Financial Statement
- Bond
- Certificate of Authority/Existence

Approved  
\_\_\_\_\_  
Date

**Certification**

It is hereby certified that the prepaid legal services plan making this application is organized under the laws of the State of \_\_\_\_\_, and has complied with the requirements of Section 37-16-10 et seq., S.C. Code Ann. relating to such plan.

Finally, the undersigned swears or affirms under oath that he/she executed this application dated \_\_\_\_\_, 20 \_\_\_\_, for and on behalf of \_\_\_\_\_, that he/she is authorized to execute and file this application, that he/she has read and fully understands the requirements of 37-16-10 et seq., S.C. Code Ann. relating to such plan, and that the information contained in this application is true and accurate to the best of his/her knowledge.

\_\_\_\_\_  
Signature of Applicant (or authorized  
Representative if Plan is a corporation

\_\_\_\_\_  
Position

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_