



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



PREPAID LEGAL SERVICES COMPANY RENEWAL APPLICATION

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

S.C. Code Ann. §§ 37-16-10 *et seq.* & Reg. 28-1100
(803) 734-4249 | www.consumer.sc.gov | (803) 734-4200

Street Address
293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

Application can be filed online. Visit www.consumer.sc.gov and click on "online filing."

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____

Attach a list of all branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person.

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	} Fed Tax ID No. (last 4) _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
	Are you in good standing with the Secretary of State's Office?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	} SSN (last 4) _____

Physical Address

City _____ State _____ Zip _____

Mailing Address
(If different from above)

City _____ State _____ Zip _____

Website Address _____

Designated/Registered
Agent* _____

Mailing Address

City _____ State _____ Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person** _____ Telephone No. () - _____

E-mail Address _____ Fax No. () - _____

***The contact person is the person the Department will call with any questions about the application.*

QUESTIONS

1. Has the applicant ever been accused of failing to abide by the terms of a filed contract? Yes No
If "Yes," attach details.
2. Has the applicant ever been accused of using false, misleading, unfair, or deceptive acts or practices? Yes No
If "Yes," attach details.
3. What is the total amount collected from members nationwide for the previous calendar year? \$ _____
4. What is the total amount collected from members in South Carolina ONLY for the previous calendar year? \$ _____
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CHECKLIST

Please use the following checklist to verify your application is complete. Incomplete information could result in the delay or denial of your application.

- Filing fee in the amount of \$800.00
- S.C. Secretary of State Certificate of Existence/Authority
(only if business is a corporation, limited partnership, limited liability partnership, or limited liability company)
To request electronically, go to <https://web.sc.gov/SOSDocumentRetrieval>
- Audited Financial Statement for the most recent fiscal year
- Bond in the amount of \$50,000.00 (must be the original)

Bond Company Name: _____ Bond No.: _____

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.