



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**



**PREPAID LEGAL SERVICES COMPANY
RENEWAL APPLICATION FOR CERTIFICATE OF REGISTRATION**

Mailing Address

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

S.C. Code Ann. § 37-16-10 et seq. & Reg. 28-1100

www.consumer.sc.gov
803-734-4249/800-922-1594

Street Address

2221 Devine St., Ste. 200
Columbia, SC 29205-2418

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. If any of the information on this form changes, you must notify the Department in writing. When completing the application, attach additional pages as necessary. This form must be signed by the owner, partner, member, officer, or director of the business.

GENERAL INFORMATION

Business Name _____

DBA _____

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 | |
| <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 _____

Registered Agent _____

Mailing Address _____

City _____ State _____ Zip _____

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

Has the applicant ever been accused of failing to abide by the terms of a filed contract? Yes No
If "Yes," attach details.

Has the applicant ever been accused of using false, misleading, unfair, or deceptive acts or practices? Yes No
If "Yes," attach details.

FINANCIAL INFORMATION

Total amount collected from members nationwide for previous calendar year _____

Total amount collected from members in S.C. ONLY for previous calendar year _____

CHECKLIST

Please use this checklist to verify your application is complete. Incomplete information could result in 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) or Bond Continuation
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.