

**INSTRUCTIONS FOR COMPLETING AND FILING THE
PREPAID LEGAL SERVICES
ANNUAL REGISTRATION FORM**

1. Please **type or print** all information included on the form.
2. Please answer all questions completely. If the space provided on the form is not sufficient to respond to a particular question, please attach a separate page with your response and note the attachment on the form.
3. The Annual Registration form can be downloaded from the Supreme Court of Ohio's Web page at:
<http://www.supremecourt.ohio.gov/AttySvcs/LawyerReferral/PrePaid/default.asp>.
4. If you have questions regarding completion of the Annual Registration Form, please contact the Office of Attorney Services at the address or telephone number noted below.

Each Prepaid Legal Services Plan is required to complete an Annual Registration Form and file the form with the Supreme Court of Ohio Office of Attorney Services no later than **the first day of March**. Please return the completed Annual Registration Form **by mail** (no fax transmissions, please) to the following address:

Office of Attorney Services
Supreme Court of Ohio
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431
(614) 387-9326

**The Supreme Court of Ohio
Prepaid Legal Services
Annual Reporting Form For Calendar Year _____**

If this is the first time you have submitted an Annual Report for this plan, please check here:

1. Plan

(a) Name of Plan	(b) Chief Officer or Administrator
(c) Principal Place of Business of Plan	(d) Phone Number and E-Mail Address
(e) If not in Ohio, Principal Ohio Place of Business	(f) Phone Number and E-Mail Address

2. Sponsoring Organization:

(a) Name of Sponsoring Organization	(b) Principal Officer (Title)
(c) Principal Place of Business	(d) Phone Number and E-Mail Address
(e) If not in Ohio, Principal Ohio Place of Business	(f) Phone Number and E-Mail Address

3. Names of Attorneys Engaged Professionally in the Plan (Attach separate list if necessary)

(a) Name	(b) Address
(c) Phone Number	

4. Names of individuals, both lawyers and non-lawyers, participating in the fee, and the degree of such participation: (Attach separate list if necessary)

(a) Name	(b) Address
(c) Phone Number	

5. Attach Schedule of Benefits, Schedule of Fees, and Financial Results of the Legal Services Activities.

6. Attach copies of instruments used to establish and operate plan, e.g., Trust Agreement, Articles of Incorporation, By-Laws, Rules and Regulations, Agreements with Counsel.

7. Declaration

I declare that I have read the foregoing form and examined the attachments thereto, and that all statements and attachments are true and correct to the best of my knowledge and belief.

By _____ (Signature of representative or person filing form) _____ (Title)

_____ (Address) _____ (Phone No.) _____ (Date)

_____ City State Zip _____ E-Mail Address