STATE BAR OF MICHIGAN

PREPAID LEGAL PLAN ANNUAL CONFIRMATION

Pursuant to the <u>Michigan Rules of Professional Conduct</u>, all prepaid legal plans operating in the State of Michigan must file with the State Bar of Michigan a written plan that discloses: (1) the name under which the plan operates; (2) the name, address, and telephone number of its chief operating officer; and (3) the plan terms, condition of eligibility, schedule of benefits, subscription charges, and agreements with counsel. Also, in January of each year following inception, every prepaid legal plan must submit a statement to the State Bar that it continues to do business under the terms and condition reflected in its previous annual filings as amended to date. Updated filings must be submitted to the State Bar within thirty (30) days of any material change to the terms and conditions of the plan and/or any material change to the information previously provided.

In accordance with MRPC 6.3, please complete this Annual Confirmation and send it via e-mail or regular mail to the State Bar of Michigan using the contact information listed below:

State Bar of Michigan **Attention: Ms. Janna Sheppard** Administrative Assistant 306 Townsend Street Lansing, MI 48933 <u>register@michbar.org</u>

To complete this form: 1. Download the PDF to your computer or network drive; 2. Open the downloaded PDF (the copy on your computer, not the PDF in the browser); and 3. Complete the form, save, and send to SBM via email or regular mail using the contact info. above.

1. Name of the prepaid legal plan (If your program operates under more than one name, a separate confirmation form MUST be completed for each plan):

Phone Number:

3. Name of the sponsoring organization responsible for operating the plan:

4. Statement of Continuity (No material change)

If your prepaid legal plan continues to do business under the terms and condition reflected in its last filing, please complete the statement below:

I, ______, certify that the plan entitled _______, continues to do business under the terms and conditions reflected in its last filing with the State Bar of Michigan in ______, 20___. I also affirmatively state that there have not been any material changes to the terms and conditions of the plan and/or the service since the last filing in ______, 20___.

5. I, ______, certify that the information provided on this Prepaid Legal Plan Annual Confirmation form is true and accurate.

Signature of person completing this form:

Please type or print the name and title of the person completing this form:

Name of your employer: _____

Address:

E-mail address:_____

Phone number: _____

Date:

 $\mathrm{SBM}-12/2020$