



LSN PARTNERS  
Local \* State \* National

September 22, 2017

Ms. Brenda J. Billingsley, Director  
Broward County Purchasing Division  
Broward County Governmental Center  
115 South Andrews Avenue, Room 212  
Fort Lauderdale, FL 33301

Re: RFP No. R2114349P1, Group Prepaid Legal Services; Supplemental Response of The Legal Plan, Inc. (d/b/a Preferred Legal Plan) to the Objection Letter filed by U.S. Legal Services, Inc.

Dear Ms. Billingsley:

The purpose of this letter is to supplement the September 6, 2017 response of Preferred Legal Plan (“Preferred Legal”) to the Three-Day Objection Letter submitted by U.S. Legal Services, Inc. (referred to herein as “Objector”).

Subsequent to the submittal of its September 6, 2017 Response Letter, Preferred Legal received from the State a copy of the Objector’s 2016 Annual Report filed with the State of Florida. A copy of that report is attached hereto as Exhibit A.

We forward this Annual Report because on its face it rebuts an issue raised in the initial Objection Letter filed by the Objector regarding the 2016 membership changes at Preferred Legal.

In the fourth claim of its Objection Letter, the Objector stated that after the Evaluation Committee’s final ranking it reviewed the Annual Report of Preferred Legal Plan and found “new significant information” within the meaning of Sec. 21.84(f) of the Procurement Code. Here is their pertinent statement in the Objection Letter:

“The Annual Report reveals other new significant information. On Page 12, **it is revealed that Preferred Legal had 3,690 plans cancelled during the year ending December 31, 2016.** That is a lot of plans, and would likely be of concern to the County and to the Evaluation Committee. The Evaluation Committee should reconvene to review this new information and determine why there were so many cancellations last year. In fact, Preferred repeatedly said that members “love” their plan. This appears to contradict their assertion with the new information.”

As stated in our initial response, the number of individual client member plans (employees) terminated or cancelled during the year 2016 pertains to turnover of employees (terminations, leaves of absence, etc.) across all 200+ client groups that Preferred Legal serviced throughout the year. This number represents a typical average in the industry in terms of employee turnover. The Objector fails to point out that Preferred Legal gained significantly more covered employees than it lost from those same client groups during the year (new hires, additions, rehires, etc.), which is an indication of the positive word of mouth generated by Preferred Legal across all employee environments.

In fact, **Preferred Legal gained 4,190 new members in 2016, an overall 4% increase in membership** for the year. A copy of the Annual Report of Preferred Legal is attached hereto as Exhibit B. Again, the Objector can review all of Preferred Legal’s Insurance Report filings over the years to see that EVERY YEAR Preferred Legal has increased its membership since its existence.

Conversely, a review of the Objector’s 2016 Annual Report for the State of Florida shows that their claim of “new significant information” is spurious and an effort to mislead the County. The Objector actually had over 6,000 plans cancelled in 2016 and only added 265 new plans (see page 12 of their 2016 Annual Report). In Florida, **the Objector’s membership declined from 15,312 to 9,405 in 2016, an overall 38.6% decrease in membership.**

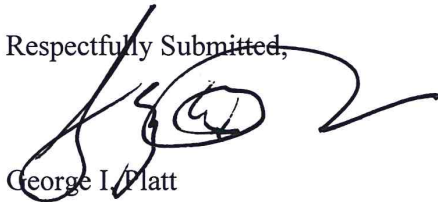
The following chart reflects these comparative changes:

**Preferred Legal Plan vs U.S. Legal Services 2016 Membership Changes**  
(per Annual Reports filed with Florida O.I.R.)

	Preferred Legal Plan	U.S. Legal Services
# of memberships cancelled or termed during year	3,690	6,172
# of new memberships added during year	4,190	265
Net change in # of memberships during year	+500	(-5,907)
Total # of memberships in FL from 1/1 to 12/31	12,029 --> 12,529	15,312 --> 9,405
Net percentage change in Total memberships during year	+4.00% INCREASE	(-38.60 %) DECREASE

The post-ranking effort by the Objector to allege “new significant information” and “misrepresentations” by distorting statements on Preferred Legal’s website or citing misleading statistics from Preferred Legal’s Annual Report is inconsistent with the intent of Sec. 21.84(f) of the Procurement Code and should be summarily rejected. Such feeble allegations also reflect on the overall weakness of the Objector’s Objection Letter.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "G. Platt", with a large, sweeping flourish extending to the right.

George I. Platt

Cc: Daphne Jones, Assistant County Attorney  
Jacqueline Chapman, Purchasing Agent, Broward County  
Brian Samuels, Esq., CPA, Vice President & CEO, Preferred Legal Plan  
Jason Rudolph, Esq., President, Preferred Legal Plan

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

75001

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

59-2293310

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**ANNUAL REPORT  
OF THE**

U.S. LEGAL SERVICES, INC.

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(Legal Expense Insurance Corporation)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

December 31, 2016

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**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**Original Submission**

## GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on: **02/27/2017 11:30:00 PM** Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: U.S. LEGAL SERVICES, INC.

Year Ending: December 31, 2016

**STATEMENT**

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: U.S. LEGAL SERVICES, INC.

Company FEIN: 59-2293310 Florida Company Code: 75001 Period Ending Date: 12/31/2016

State and Date of Incorporation/Organization: (State/Prov): Florida (Date): 06/04/1979

Date Licensed by the Office of Insurance Regulation: (Date): 06/27/1980

Date Commenced Business: (Date): 06/27/1980

**Address of Home Office:**

Street: 8133 Baymeadows Way

City: Jacksonville State/Prov: Florida Zip/Postal Code: 32256

Phone: (904) 737-4528 Ext: \_\_\_\_\_ Fax: (904) 730-0023

**Address of Main Administrative Office:**

Street: 8133 Baymeadows Way

City: Jacksonville State/Prov: Florida Zip/Postal Code: 32256

Phone: (904) 737-4528 Ext: \_\_\_\_\_ Fax: (904) 730-0023

**Mailing Address:**

Street: 8133 Baymeadows Way

City: Jacksonville State/Prov: Florida Zip/Postal Code: 32256

Phone: (904) 737-4528 Ext: \_\_\_\_\_ Fax: (904) 730-0023

**Records Location (if different than Main Office):**

Street: 8133 Baymeadows Way

City: Jacksonville State/Prov: Florida Zip/Postal Code: 32256

**Address of Principle Florida Office:**

Street: 8133 Baymeadows Way

City: Jacksonville State/Prov: Florida Zip/Postal Code: 32256

Phone: (904) 737-4528 Ext: \_\_\_\_\_ Fax: (904) 730-0023

Website: www.uslegalservices.net

Type of entity (check one)  Corporation - For profit  Sole proprietorship

Corporation - Not for profit  Limited liability company

Partnership  Other: \_\_\_\_\_

Contact Name: Marie M. Forbes

Contact Title: President

Phone: (904) 737-4528 Ext: \_\_\_\_\_ Fax: (904) 730-0023

Email Address: mforbes@uslegalservices.net

**OFFICERS / DIRECTORS / MEMBERS**  
Show full name (initials not acceptable)

Chief Executive Officer \_\_\_\_\_

President Marie M. Forbes

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer / Chief Financial Officer \_\_\_\_\_

Chairman of the Board \_\_\_\_\_

Directors / Members

STATE OF: Florida

COUNTY OF: Duval

Marie M. Forbes, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the

financial records of the licensee), of the U.S. Legal Services, Inc. being duly sworn each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for the period reported.

Subscribed and Sworn to before me this \_\_\_\_\_ Marie M. Forbes President/Owner

28 day of February, 2017 \_\_\_\_\_ Secretary

Notary Public: Regena Schroeder \_\_\_\_\_ Treasurer/CFO

Commission Number: FF077106

Expiration Date: 12/16/2017

Print this page

Company Name: U.S. LEGAL SERVICES, INC.

Year Ending: December 31, 2016

**BALANCE SHEET  
ASSETS**

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
<b>CURRENT ASSETS:</b>			
1. Cash on Hand and on Deposit (Schedule A, Page 7)	\$738,379		\$738,379
2. Investments, Short Term (Schedule B, Page 8)	\$353,043		\$353,043
3. Accounts Receivable, Trade (Schedule C, Page 8)	\$234,328		\$234,328
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates	\$13,363	\$13,363	
b. From Officers, Director, Owners			
c. From Others			
d. Other Receivables			
e. Less: Reserve for Losses	( )	( )	( )
5. Prepaid Expenses			
6. Other (Identify)			
<b>7. Total Current Assets</b>	<b>\$1,339,113</b>	<b>\$13,363</b>	<b>\$1,325,750</b>
<b>NON-CURRENT ASSETS:</b>			
8. Investments and Securities (Schedule B, Page 8)	\$50,000		\$50,000
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
10. Deferred Expenses			
11. Intangible Assets (Identify) Computer Software \$82500/Accumulated Amortization (\$12375)	\$70,125		\$70,125
12. Other (Identify)			
<b>13. Total Non-Current Assets</b>	<b>\$120,125</b>		<b>\$120,125</b>
<b>FIXED ASSETS:</b>			
14. Real Estate Owned (Schedule D, Page 9)	\$1,458,561		\$1,458,561
15. Computers [Section 625.012(11), F.S.]	\$70,631	\$43,181	\$27,450
16. Less: Accumulated Depreciation	( \$322,736 )	( \$39,272 )	( \$283,464 )
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment	\$220,090	\$220,090	
b. Automobiles	\$44,922	\$44,922	
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	( \$172,932 )	( \$172,932 )	
<b>18. Total Fixed Assets</b>	<b>\$1,298,536</b>	<b>\$95,989</b>	<b>\$1,202,547</b>
<b>19. TOTAL ASSETS:</b>	<b>\$2,757,774</b>	<b>\$109,352</b>	<b>\$2,648,422</b>

Company Name: U.S. LEGAL SERVICES, INC.

Year Ending: December 31, 2016

**BALANCE SHEET  
LIABILITIES AND NET WORTH**

<b>CURRENT LIABILITIES:</b>		
1. Accounts Payable		\$26,779
2. Commissions Payable		\$57,878
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates	\$81,347	
b. To Officers, Directors, Owners		
c. To Others (Identify) Current Portion Note Payable Vehicle \$6258/Other Current Note	\$14,753	
Total Current Notes Payable		\$96,100
4. Taxes Payable:		
a. Premium Tax	\$15,219	
b. Federal and State Taxes		
c. Other Taxes (Identify) Other Taxes Payable	\$175	
Total Taxes Payable		\$15,394
5. Accrued Interest		
6. Accrued Expenses		\$313,356
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		\$121,794
9. Other (Identify) Unschd Checks \$6851/Unclmd Atty Fees \$1401		\$8,252
<b>10. Total Current Liabilities</b>		<b>\$639,553</b>
<b>LONG TERM LIABILITIES:</b>		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		\$844,944
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates	0	
b. To Officers, Directors, Owners		
c. To Others (Identify) Note Payable Vehicle \$12961	\$12,961	
Total Long-Term Notes Payable		\$12,961
13. Unearned Premium Reserve (Schedule G, Page 11)		0
14. Other (Identify)		
<b>15. Total Long Term Liabilities</b>		<b>\$857,905</b>
<b>16. Total Liabilities</b>		<b>\$1,497,458</b>
<b>NET WORTH:</b>		
17. Capital Stock:		
a. Common	\$1,000	
b. Preferred		
Total Capital Stock		\$1,000
18. Paid-In Capital		\$1,271,381
19. Retained Earnings		(\$12,065)
20. Other (Identify)		
21. Less: Treasury Stock		
22. Total Net Worth		\$1,260,316
<b>23. TOTAL LIABILITIES AND NET WORTH</b>		<b>\$2,757,774</b>
24. Net Worth (Per Line 22 above)		\$1,260,316
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		\$109,352
<b>26. STATUTORY NET WORTH</b>		<b>\$1,150,964</b>



**STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

<b>INCOME</b>	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	\$2,631,948
2. Interest Earned	\$2,415
3. Other Income (Identify) <u>Other Income \$3675/Processing Fee Income \$6224</u>	\$9,899
<b>4. Total Income</b>	<b>\$2,644,262</b>
<b>EXPENSES</b>	
5. Salaries	0
6. Claims Expense	\$594,239
7. Commissions	\$343,996
8. General Expenses (Schedule F, Page 10)	\$1,315,128
<b>9. Total Expenses</b>	<b>\$2,253,363</b>
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	<b>\$390,899</b>
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
<b>13. Total Taxes &amp; Extraordinary Items (Line 11 + Line 12)</b>	
<b>NET INCOME AND RETAINED EARNINGS</b>	
14. Net Income (Line 10 - Line 13 above)	\$390,899
15. Retained Earnings, December 31, Previous Year	(\$402,964)
16. Less: Distributions/Dividends Paid Out	( 0 )
17. Other (Identify)	
<b>18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR</b> (Enter on Line 19, Page 5)	<b>(\$12,065)</b>

**SCHEDULE A**  
**Cash on Hand & On Deposit**  
(See Note Below)

Check if Not Applicable

Name and Location of Funds	Balance
Jacksonville Bank	\$134,467
Jacksonville Bank Money Market Account	\$6,024
Fidelity Bank	\$100,003
Chase Bank (formerly Bank One)	\$255,986
Synovus Bank Money Market Account	\$238,028
Other (amounts not listed in detail)	\$3,871
<b>Total (Should Equal Line 1, Page 4):</b>	<b>\$738,379</b>

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

**SCHEDULE B**  
**Investments**  
(See Note Below)

Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
TD Bank CD	253043.07	\$253,043	\$253,043
Regions Bank CD	100000.00	\$100,000	\$100,000
Treasury Cash Deposit	50000.00	\$50,000	\$50,000
Other (amounts not listed in detail)			
<b>Total (Should Equal Line 2 + Line 8, Page 4):</b>		<b>\$403,043</b>	<b>\$403,043</b>

**SCHEDULE C**  
**Accounts / Notes Receivable**  
(See Note Below)

Check if Not Applicable

Description / Name	Security	Balance
Accounts Receivable	N/A	\$234,328
Due From Affiliates	N/A	\$13,363
Other (amounts not listed in detail)		
<b>Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):</b>		<b>\$247,691</b>

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

**SCHEDULE D**  
**Real Estate Owned / Mortgages Payable**  
(See Note Below)

Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
8133 Baymeadows Way	\$1,064,000	\$1,458,561	\$844,944
Other (amounts not listed in detail)			
<b>Total (Should Equal Line 14, Page 4 and Line 11, Page 5):</b>		<b>\$1,458,561</b>	<b>\$844,944</b>

**SCHEDULE E**  
**Notes Payable**  
(See Note Below)

Check if Not Applicable

Name of Creditor	Collateral	Balance
Due To Affiliates	None	\$81,347
Current Portion Note Payable - Vehicle	None	\$6,258
Non-Current Portion Note Payable - Vehicle	None	\$12,961
Other Payables	None	\$8,495
Other (amounts not listed in detail)		
<b>Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):</b>		<b>\$109,061</b>

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

**SCHEDULE F  
General Expenses**

Description	Amount
Accounting and Auditing	\$48,033
Advertising and Marketing	\$555
Attorney and Related Legal Fees	\$2,020
Auto Expenses	\$50
Bank Charges	\$17,264
Computer Expenses	\$19,629
Consulting Fee(s)	\$40,308
Depreciation & Amortization	\$67,066
Employee Benefits	0
Equipment Rental	0
Interest Expense	\$46,350
Insurance	\$3,593
Licenses and Related Fees	\$3,010
Office Supplies and Expenses	\$290
Postage and Mailing Services	\$165
Printing	0
Rent and Rental Items	0
Repairs & Maintenance	0
Taxes: Payroll	0
Property	\$10,849
Other Taxes	\$50,847
Telephone and Telegraph	0
Travel and Entertainment	\$13,968
Utilities	0
Other (List Below)	
Management Expense	\$988,000
Penalties	\$2,821
Sales Agent Expense	\$310
<b>Total General Expenses (Must Equal Line 8, Page 6):</b>	<b>\$1,315,128</b>

**SCHEDULE G  
Unearned Premium Reserve**

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less		11,361	\$243,589	1/2	\$121,794
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
<b>Totals *</b>		<b>11,361</b>	<b>\$243,589</b>		<b>\$121,794</b>

\* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

**EXHIBIT I  
Premium Earned**

1. Premiums Written as of <b>December 31, 2016</b>	\$2,579,811
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	\$173,931
4. Cancellations & Refunds	( _____ )
5. Unearned Premium as of <b>December 31, 2016</b>	( \$121,794 )
<b>6. Premiums Earned Year to Date</b> (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	<b>\$2,631,948</b>

**EXHIBIT II  
Legal Expense Plans in Place - Nationwide, Including FLORIDA**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	17,618	\$347,861
2. Plans Sold during the Current Year	265	\$7,932
3. Plans Expired during the Current Year	( 0 )	( 0 )
4. Plans Cancelled during the Current Year	( 6,522 )	( \$112,204 )
<b>5. Plans in Place as of December 31, Current Year</b> (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	<b>11,361</b>	<b>\$243,589</b>

**EXHIBIT III  
Legal Expense Plans in Place - FLORIDA Only**

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	15,312	\$271,784
2. Plans Sold during the Current Year	265	\$7,932
3. Plans Expired during the Current Year	( 0 )	( 0 )
4. Plans Cancelled during the Current Year	( 6,172 )	( \$100,576 )
<b>5. Plans in Place as of December 31, Current Year</b> (1 + 2 - 3 - 4 = 5)	<b>9,405</b>	<b>\$179,140</b>

**EXHIBIT IV  
Required Deposit for Legal Expense Plans in Place**

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of December 31, Current Year	\$2,923,062
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	\$100,000
3. Deposit / Surety Bond in Place	\$100,000
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

**LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL**

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/Prov.	Zip/Postal Code	Date of Birth	%	New
Marie M. Forbes	President	7848 Woodsdale Lane	Jacksonville	FL	32256	Pursuant to 119.0712.a.	100	<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
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								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>



Company Name: U.S. LEGAL SERVICES, INC.

Year Ending: December 31, 2016

**LIST OF COMPANIES**

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
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							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name: U.S. LEGAL SERVICES, INC.

Year Ending: December 31, 2016

**Office of Insurance Regulation**  
*Specialty Product Administration*

**LEGAL EXPENSE INSURANCE CORPORATION**

Licensee: U.S. LEGAL SERVICES, INC.

Address: 8133 Baymeadows Way

City: Jacksonville

State: FL

Zip Code: 32256

Florida Company Code: 75001

Federal Employer Identification Number: 59-2293310

**Annual Report Filing Fee**

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100	10	30	F	3001

**STAPLE CHECK FOR \$100.00 HERE**

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
POST OFFICE BOX 6100  
TALLAHASSEE, FL 32314-6100

Print this page

## SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on: **02/27/2017 11:30:00 PM** Eastern Time

Save

Submit Final