

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
**RENEWAL APPLICATION FEE TRANSMITTAL FORM**

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**SC**

**INSTRUCTIONS**

Each year after initial registration, Service Contract Providers must pay a yearly renewal fee of \$240.00, which is due by December 31.

**() Make checks payable to the: Alabama Department of Insurance (the Department does not have an EFT account at this time)**

**() Mail this form, and check to:**

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P.O. Box 830707  
Birmingham, AL 35283-0707

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

SCP LICENSE #: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**1. ANNUAL FEE (Due December 31 of each year)**

SC: \$ \_\_\_\_\_

Check Number