

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
RENEWAL APPLICATION FEE TRANSMITTAL FORM

SC

INSTRUCTIONS

Each year after initial registration, Service Contract Providers must pay a yearly renewal fee of \$200.00, 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 32nd 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: \$ <input style="width: 150px; height: 20px;" type="text"/>
Check Number	<input style="width: 150px; height: 20px;" type="text"/>