



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**BUREAU OF INSURANCE**  
 34 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0034

## Maine Bureau of Insurance Business Entity (Agency) or Individual Address Change Form

**Notification of change in Business Address:** In accordance with 24-A MRSA §1419, it is the obligation of the licensee to notify the superintendent of changes in **business** address within 30 days. Failure to do so results in the automatic imposition of a penalty.

**Note:** If the business entity (agency) is changing its address, please enclose a list of Maine licensed individuals whose addresses are affected by the change. **No fee** is required to change an address.

**Name** (Individual or Business Entity): \_\_\_\_\_

FEIN/Social Security #	Maine License #
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**Business Mailing Address** (for Business Entity or Individual)

**Note:** Business addresses are displayed on the Internet.

Business Name			
PO Box	City	State	Zip Code
Business Street Address			E-mail Address
City	State	Zip Code	Business Phone Number

**Individual Home Mailing Address**

PO Box	City	State	Zip Code
Street Address			E-Mail Address
City	State	Zip Code	Home Phone Number

**Name** (Person Completing this form): \_\_\_\_\_ **Phone #:** \_\_\_\_\_

If you have any questions, please contact the Bureau of Insurance at 207-624-8475

**Mail to:** Maine Bureau of Insurance, 34 State House Station, Augusta Me 04333-0034

You may Fax the form to: (207) 624-8599 or E-mail to: insurance.pfr@maine.gov

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OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345  
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