



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

Name Change Form

Individual or Business Entity (Agency)

Individual

Old Name		Social Security #		License #	
New Name (First, Middle, Last)					
Business Name					
Business Mailing Address				E-Mail Address	
City	State	Zip Code	Phone #		
PO Box			State	Zip Code	
Home Mailing Address					
City	State	Zip Code	Phone #		
PO Box		State	Zip Code		

Business Entity (agency)

Note: Typically when a Federal Identification number (FEIN) has changed, a new business entity license is required. If the prior agency is no longer in existence then a letter terminating that entity should be submitted with the new application.

Old Name		FEIN #		License #	
New Name					
Business Mailing Address				E-Mail Address	
City	State	Zip Code	Phone #		
Po Box		State	Zip Code	Phone #	

Please check if the new name should also be reflected on all branch registration records.

Person completing form: _____ Phone #: _____

There is a **\$10** fee to have a new license issued in your new name. Please allow up to 3 weeks for the license to arrive in the mail.

Make all checks payable to: **Treasurer State of Maine or complete attached credit card payment form.**
 Revised: 3/10



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OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maine.gov/insurance

Phone: (207) 624-8475 (Office)

TTY: 1-888-577-6690

Customer Complaint (800) 300-5000

Fax: (207) 624-8599



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):

Purpose of Payment:

Name of Cardholder:

Contact persons phone #, if questions with this form.

Telephone #: () -

Mailing Address:

City:

State:

Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

Visa MasterCard Discover _____
(Card number)

Expiration date: ____/____/____ in the amount of: \$ _____
(month) (year)

Signature: _____ Date: ____/____/____
(must be signed by authorized person to validate)

Form is available on our website: www.maine.gov/insurance

You may fax the form to: 207-624-8599 or e-mail to: Insurance.pfr@maine.gov