



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			PO Box
City	State	Zip Code	Phone #
Home Mailing Address			
City	State	Zip Code	Phone #

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			PO Box
City	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.
 Make all checks payable to: **Treasurer State of Maine**



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OFFICES LOCATED AT 124 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