



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

