



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

Responsible Individual Change Form

Business Entities (Agencies)

Title 24-A Chapter 16 §1413 (3), states that at least one individual licensee must be designated responsible for the business entity's compliance with the insurance laws and rules of the State of Maine.

The business entity shall notify the superintendent within 14 days of every change of the designated licensed person responsible or the business entity's license shall terminate.

Please type or print all information (Complete all fields)

Business Entity Name		
Business Entity License #	Federal Identification (FEIN) #	Phone #
PO Box	Business Street Mailing Address	
City	State	Zip Code
Name of Previous Responsible Individual		Previous Responsible Individuals License #
Name of New Maine Licensed Individual		New Responsible Individuals License #

Should the **new** responsible individual be affiliated to the Business Entity? [] Yes [] No

Should the **previous** responsible individual remain affiliated to the Business Entity? [] Yes [] No

If you have any questions, please contact Nica Latour at 207-624-8411
or Debra Ayotte at 207-624-8413.

Revised: 2/09



PRINTED ON RECYCLED PAPER

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