



STATE OF MAINE
Bureau of Insurance

Financial Analysis Division
#34 State House Station
Augusta, ME 04333-0034

Overnight delivery:
Deliveries such as
FedEx and UPS
76 Northern Ave.
Gardiner, ME 04345.

Overnight delivery:
USPS Express
overnight deliveries
34 State House Station
Augusta, ME 04333.

License Application For

Reinsurance Intermediary Broker Reinsurance Intermediary Manager

A \$50 LICENSE FEE IS DUE WITH YOUR APPLICATION
--Please Make Payable to Treasurer State of Maine--

1. Name of applicant:
2. D.B.A. (if applicable) -- Please list all used. Use separate sheet if necessary--
3. Federal ID/SSN#:
4. Mailing address: (including City, State, Zip)
5. Physical address: (including City, State, Zip)
6. Contact person:
7. Position:
8. Direct phone:
Contact Email:
9. Type of organization: Individual Corporation Partnership Limited Liability Corporation Other (explain)
If the applicant is a Limited Liability Company, Corporation, Partnership or "Other" submit a listing of all persons representing the firm, include name, address and license number Label as Exhibit A
NOTE: Foreign, Foreign Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships (Title 31 §852) may also be required to apply to the Maine Secretary of State for authority to do business in the State of Maine. See Secretary of State website for additional information. http://www.maine.gov/sos/cec/corp/foreign.html
10. Is the applicant currently licensed as a producer in Maine? Yes No
Resident Non Resident License #
11. Is the applicant currently licensed in another accredited state as:
Agent Broker Producer Reinsurance Intermediary Broker/Manager
Provide home state certification Label as Exhibit B
12. Does applicant have an office in Maine? Yes No
13. Has applicant ever had an insurance agent, reinsurance intermediary, producer, or broker license refused, suspended, or revoked? Yes No
If "YES" attach written explanation Label as Exhibit C
14. Name of Agent to Receive Service of Process: (Must be an agent located in Maine)
Attach Service of Process Form Label as Exhibit D
15. Is the application for Reinsurance Intermediary Manager? Yes No
If yes, provide a copy of contracts with reinsurers represented Label as Exhibit E

I hereby certify that I am in compliance with and will continue to comply with all Title 24-A requirements with regard to a reinsurance intermediary.

The following applies to Reinsurance Intermediary Manager only:

I further certify that the contracts provided to the Superintendent pursuant to Title 24-A M.R.S.A. §747 contain all terms required by that section. Any provisions not consistent with Maine statutes will be null and void.

Signature of License Applicant

Type or Print Name of Above Signature

Title

Name of Organization

Date

Subscribed and sworn to before me, a Notary Public in
and for the county of _____
this _____ day of _____ 20____

Notary Signature

Typed/Printed Name of Notary

My commission expires _____

Mail the completed application to:

Jane G. Lathrop, CFE
Insurance Company Examiner
Maine Bureau of Insurance
e-mail: jane.g.lathrop@maine.gov
phone: (207)-624-8492

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