



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

Responsible Individual Change Form
Business Entities (Agencies)

In accordance with 24-A M.R.S. § 1413(3), 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. No fee is required to update the Responsible Individual (DRLP).

Business Name: _____

FEIN or NPN	Maine License #
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Business Address (Primary office's street location)

Business Name		
Street Address or P.O. Box		Business Phone Number
City	State	Zip Code
Email Address		

Designated Mailing Address

- Use Business Address listed above
 Use the designated mailing address listed below:

Business Name		
Street Address or P.O. Box		
City	State	Zip Code

Name of Previous Responsible Individual	Previous Responsible Individuals License #
Name of New Maine Licensed Responsible Individual	New Responsible Individuals License #

Note: By signing as the Responsible Individual, I accept the responsibility of this role as outlined in 24-A M.R.S. §1413 (3).

Signature of Responsible Individual: _____

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

Person Completing Form: _____ Phone #: _____

Forms can be emailed to insurance.pfr@maine.gov, faxed to 207-624-8599 or mailed to the address below.
 If you prefer to submit electronically, please visit our website at [Business Entity License Changes | PFR Insurance \(maine.gov\)](http://www.maine.gov/pfr/insurance/home)

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Office Location: 76 Northern Avenue, Gardiner, Maine 04345
 Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475 TTY: Please Call Maine Relay 711 Consumer Assistance: 1-800-300-5000 Fax: (207) 624-8599