



**State of Maine
Bureau of Insurance
Business Address Change Form**

Notification of change in contact information: In accordance with 24-A M.R.S. § 1419, it is the obligation of the licensee to notify the superintendent of changes in contact information within 30 days. Failure to do so may result in the imposition of a penalty. No fee is required to change an address.

Business Name: _____

| | |
|-------------|-----------------|
| FEIN or NPN | Maine License # |
|-------------|-----------------|

Business Address

Note: Business addresses are displayed on our licensee search.

| | | |
|----------------------------|----------|----------------|
| Business Name | | |
| Street Address or P.O. Box | | City |
| State | Zip Code | E-mail Address |
| Business Phone Number | | Fax Number |

Designated Mailing Address

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

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

Name (Person Completing this form): _____ **Phone #:** _____

If you have any questions, please contact the Bureau of Insurance at (207) 624-8475

You may Fax the form to: (207) 624-8599 or email to: insurance.pfr@maine.gov