



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

Individual 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.

Individual Name: _____

NPN	Maine License #
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Business Address

Note: Business addresses are displayed on our licensee search.

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

Residence Address

Street Address		Residence Phone Number
City	State	Zip Code
Email Address		

Designated Mailing Address

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

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

Name (Person Completing this 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 [Individuals - Address Changes | PFR Insurance \(maine.gov\)](#)

If you have any questions, please contact the Bureau of Insurance at (207) 624-8475
 Rev 04/22

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