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|  | **STATE OF MAINE**  **Bureau of Insurance** |  |

**INFORMATION CHANGE FORM**

**STRUCTURED SETTLEMENT TRANSFEREE**

**APPOINTMENT OF RESIDENT AGENT TO RECEIVE**

**SERVICE OF LEGAL DOCUMENTS OR PROCESS**

|  |
| --- |
| Name of Structured Settlement Transferee and FEIN |

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| --- | --- | --- |
| Name of Agent to Receive Service of Legal Documents or Process (**must be located in Maine**) | | Business Phone |
| Street Address of Agent | City | Zip |

The above Structured Settlement Transferee duly organized under and by virtue of the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with its principal place of business in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the purpose of being authorized to transact business in the State of Maine, hereby appoints the above, pursuant to 24-A M.R.S.A. § 2242(2), to serve as its agent to receive service of legal documents or process issued against it in the State of Maine. The forenamed agent is hereby authorized and empowered to receive and accept such service which shall be taken and held as valid as if served upon the Structured Settlement Transferee.

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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Officer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type or Print Name of Principal Officer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title |

Please submit this updated form for your existing record via:

fax (207) 624-8599 or

email to [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov)

12/5/16