

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

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.

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