STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BUREAU OF INSURANCE
34 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0034

Business Entity (Agency/Branch only)

Termination of License or Branch Registration

This form is to be used if requesting termination of the Business Entity (primary agency license) or branch registrations.

Primary Business Entity Name: _____

Business Entity FEIN #: _____ Primary License #: _____

Contact Person: _____ Phone #:_____

Do you wish to terminate the Primary business entity license? [ ] Yes [ ] No
If yes, you do not need to fill out the table below as the branch registrations will be terminated automatically.
If no, please list in the table below the branch registrations that you wish to terminate.

List of all branch registrations to be Terminated (**Branches listed must have the same FEIN # as the Primary listed above**)	**Maine License #**

Revised: 9/09