



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

## Responsible Individual Change Form

### Business Entities (Agencies)

Title 24-A Chapter 16 §1413 (3), states that at least one individual licensee must be designated responsible for the business entity's compliance with the insurance laws and rules of the State of Maine.

The business entity shall notify the superintendent within 14 days of every change of the designated licensed person responsible or the business entity's license shall terminate.

Please type or print all information (Complete all fields)

Business Entity Name							
Business Entity License #		Federal Identification (FEIN) #		Phone #			
PO Box		City		State		Zip Code	
Business Street Address							
City				State		Zip Code	
Name of <b>Previous</b> Responsible Individual						Previous Responsible Individuals License #	
Name of <b>New</b> Maine Licensed Responsible Individual						New Responsible Individuals License #	

**Note: By signing as the Responsible Individual, I accept the responsibility of this role as outlined in 24-A M.R.S. §1413 (3).**

Signature of Responsible Individual: \_\_\_\_\_

Should the **new** responsible individual be affiliated to the Business Entity? [ ] Yes [ ] No

Should the **previous** responsible individual remain affiliated to the Business Entity? [ ] Yes [ ] No

Person Completing Form: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you have any questions, please contact 207-624-8475 or e-mail [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov)

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