



**STATE OF MAINE
Bureau of Insurance
Financial Analysis Division**

34 State House Station
Augusta, ME
04333-0034
(207) 624-8475

Name Reservation for Insurance Companies

(Please note: this form is not for Insurance Agencies)
(PLEASE TYPE OR PRINT)

Date: _____

Reservation expires one year from date of issue indicated below.

NOTICE: We will not notify you of the reservation expiration. It is your responsibility to renew the name reservation.

Fee: \$25.00 made payable to: Treasurer, State of Maine

Company reserving name:

Company address:

Contact person: _____

Telephone number: _____

E-mail address: _____

Requested name to be reserved: _____

NAIC # (of company name is being reserved for): _____

Reason for name reservation:
(please check one)

- Name change
- UCAA Expansion Application
- Reservation Renewal
- Other: _____

Return form to Lauri Cooper, with the \$25 fee, at the postal address above.
For ~ overnight delivery or physical delivery service only ~ send to:
76 Northern Ave., Gardiner, ME 04345

If you have any questions, please contact Lauri Cooper at (207) 624-8464 or
laurelyn.s.cooper@maine.gov.

Note To The Company:

Form will be returned to you with an authorized signature and an issue date upon approval

For Bureau use only

\$25.00 Fee Paid _____

Date Approved/Issue date: _____ **Authorized Signature:** _____