



State of Maine Bureau of Insurance Individual Address Change Form

Notification of change in contact information: In accordance with 24-A M.R.S. § 1419, it is the obligation of the licensee to notify the superintendent of changes in contact information within 30 days. Failure to do so may result in the imposition of a penalty. No fee is required to change an address.

Individual Name: _____

SSN or NPN	Maine License #
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Business Address

Note: Business addresses are displayed on our licensee search.

Business Name		
Street Address or P.O. Box		City
State	Zip Code	E-mail Address
Business Phone Number		Fax Number

Residence Address

Street Address		Residence Phone Number
City	State	Zip Code
Email Address		

Designated Mailing Address

- Use Business Address
- Use Residence Address
- Use the designated mailing address below:

Street Address or P.O. Box		
City	State	Zip Code

Name (Person Completing this form): _____ **Phone #:** _____

If you have any questions, please contact the Bureau of Insurance at (207) 624-8475

You may Fax the form to: (207) 624-8599 or email to: insurance.pfr@maine.gov