



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

Business Entity 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.

Business Name: _____

FEIN or NPN	Maine License #
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Business Address (Primary office's street location)

Business Name		
Street Address or P.O. Box		Business Phone Number
City	State	Zip Code
Email Address		

Designated Mailing Address

- Use Business Address listed above
 Use the designated mailing address listed below:

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

Note: Business and mailing addresses for entities are displayed on our public licensee search.

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

Forms can be emailed to insurance.pfr@maine.gov, faxed to 207-624-8599 or mailed to the address below.

If you prefer to submit electronically, please visit our website at [Business Entity Address Changes | PFR Insurance \(maine.gov\)](#)

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

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Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475

TTY: Please Call Maine Relay 711

Consumer Assistance: 1-800-300-5000

Fax: (207) 624-8599