**Responsible Individual Change Form**

Business Entities (Agencies)

In accordance with 24-A M.R.S. § 1413(3), 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. No fee is required to update the Responsible Individual (DRLP).

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.

No fee is required to change an address.

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| FEIN or NPN | Maine License # |

**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 |

|  |  |
| --- | --- |
| Name of **Previous** Responsible Individual | **Previous** Responsible Individuals License # |
| Name of **New** 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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 License Changes | PFR Insurance (maine.gov)](https://www.maine.gov/pfr/insurance/licensees/individuals-business-entities/business-entity-license-changes)

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