

MARYLAND INSURANCE ADMINISTRATION FORM FOR A BUSINESS ENTITY TO UPDATE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS (P/O/D/M) OR TPA PRINCIPALS

- **DO NOT REMIT ANY PAYMENT WITH THIS REQUEST.** Requests will be processed at no charge.
- Changes will only be processed for entities with an Active Maryland License.
- Owners and P/O/D/M's for Title agencies must hold an active Maryland Producer License with the Title Authority.
- Submit to: producerlicensing.mia@maryland.gov or fax to 410-468-2399. Maryland Insurance Admin. 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202

1. LICENSEE INFORMATION - BUSINESS ENTITY

- 1A. BUSINESS ENTITY NAME: _____
- 1B. NATIONAL PRODUCER NUMBER (NPN): _____
- 1C. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____ - _____
Note: You must provide an FEIN for the Business Entity.
- 1D. BUSINESS ENTITY MARYLAND LICENSE NUMBER: _____

2. OWNER (Individual or business entity)

- 2A. TYPE OF UPDATE: ADD _____ UPDATE _____ DELETE _____
- 2B. OWNER NAME: _____
- 2C. PERCENTAGE OF OWNERSHIP: _____%
- 2D. DATE OF BIRTH: _____ / _____ / _____ MM/DD/YYYY
- 2E. SOCIAL SECURITY NO. (SSN or FEIN): _____

2F. MARYLAND LICENSEE INFORMATION (required if the Business Entity holds an active Maryland Producer License with the Title Authority):

1. NATIONAL PRODUCER NUMBER (NPN): _____
2. MARYLAND LICENSE NUMBER: _____

Street Address Line 1: _____

Street Address Line 2: _____

P. O. Box: _____

City: _____ State: _____

Zip Code: _____

Business Phone Number: _____

Business Fax Number: _____

3. PARTNER, OFFICER, DIRECTOR, MEMBER (P/O/D/M)

- 3A. TYPE OF UPDATE: ADD _____ UPDATE _____ DELETE _____
- 3B. NAME: _____
- 3C. TITLE: _____
- 3D. DATE OF BIRTH: _____ / _____ / _____ MM/DD/YYYY
- 3E. MARYLAND LICENSEE INFORMATION (required if the Business Entity holds an active Maryland Producer License with the Title Authority):

1. NATIONAL PRODUCER NUMBER (NPN): _____
2. MARYLAND LICENSE NUMBER: _____
3. SOCIAL SECURITY NUMBER (SSN): _____
Note: Only required if not licensed by the Maryland Insurance Administration.

3. PARTNER, OFFICER, DIRECTOR, MEMBER (CONTINUED)

Street Address Line 1: _____

Street Address Line 2: _____

P. O. Box: _____

City: _____ State: _____

Zip Code: _____

Business Phone Number: _____

Business Fax Number: _____

4. CONTACT PERSON INFORMATION - THIRD PARTY ADMINISTRATORS ONLY

4A. TYPE OF UPDATE: ADD _____ UPDATE _____ DELETE _____

4B. TPA CONTACT PERSON NAME: _____

4C. TITLE: _____

4D. PERCENTAGE OF OWNERSHIP: _____%

4E. SOCIAL SECURITY NUMBER (SSN): _____

Note: Only required if not licensed by the Maryland Insurance Administration.

4F. DATE OF BIRTH: _____ / _____ / _____ MM/DD/YYYY

Street Address Line 1: _____

Street Address Line 2: _____

P. O. Box: _____

City: _____ State: _____

Zip Code: _____

Business Phone Number: _____

Business Fax Number: _____

4F. MARYLAND LICENSEE INFORMATION (*if any*):

1. NATIONAL PRODUCER NUMBER (NPN): _____

2. MARYLAND LICENSE NUMBER: _____

Signature of Authorized Requester: _____

Type or Print First Name of Authorized Requester: _____

Type or Print Last Name of Authorized Requester: _____

Title: _____

Daytime Phone Number: _____

Email Address: _____

Daytime Fax Number: _____

Date: _____