

**MARYLAND INSURANCE ADMINISTRATION FORM FOR A BUSINESS ENTITY TO UPDATE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS (OPOD) OR TPA CONTACT INFORMATION**

- **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](mailto: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), ADDITIONAL OWNER SEE #4**

- 2A. TYPE OF UPDATE:            ADD \_\_\_\_\_    UPDATE \_\_\_\_\_    DELETE \_\_\_\_\_
- 2B. OWNER'S NAME: \_\_\_\_\_
- 2C. OWNER'S TITLE \_\_\_\_\_
- 2D. PERCENTAGE OF OWNERSHIP: \_\_\_\_\_%
- 2E. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    MM/DD/YYYY
- 2F. SOCIAL SECURITY NO. (SSN or FEIN): \_\_\_\_\_
- 2G. 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 (OPOD)**

- 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. ADDITIONAL OWNER INFORMATION (and/or TPA contact person)**

(Attach additional sheets if necessary.)

4A. TYPE OF UPDATE:            ADD \_\_\_\_\_    UPDATE \_\_\_\_\_    DELETE \_\_\_\_\_  
4B. OWNER'S NAME: \_\_\_\_\_  
4C. OWNER'S 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: \_\_\_\_\_