

State of Idaho  
**DEPARTMENT OF INSURANCE**

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398  
agent@doi.idaho.gov

**BUSINESS ENTITY CHANGE OF ADDRESS**  
**PLEASE FILL IN ALL BLANK SPACES**

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(officer or responsible producer may sign this form)

The Idaho Code requires licensee to have an address accessible to the public, which cannot be a post office box. ***The business address provided must be a physical address. The mailing address can be a post office box.***

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

**Business Address:** \_\_\_\_\_  
(Please include suite number if applicable)

Business Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Toll Free # \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

*Please fax to licensing at 208-334-4398. Please contact licensing, 208-334-4250, if you have any questions.*

**Please send license copy once address information is updated.**