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

NOTICE OF CHANGE OF OWNERSHIP

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

Date:	Idaho License # or NPN:	FEIN#:
Business Entity N	ame:	
 A change submitted A change entity licer (survivor). 	of name for the listed entity. The Name Chang in addition to this form. of FEIN. DO NOT SUBMIT THIS FORM. You need and request a merger of the existing license. This will result in active appointments and reg of officers. A Change of Officer form will need to the contract of the existing license.	ou will need to apply for a new business (non-survivor) into the newly-created license istrations transferring to the new entity.
Former Owner: _		
New Owner:		
	Signature of Officer of Firm or Authorized	Individual
Printed Name:		
Phone:	Email:	
	Questions? Please contact Producer Licens	ing agent@doi.idaho.gov
	SUBMIT	

Change of Ownership 11/23 1 of 1