

State of Idaho
DEPARTMENT OF INSURANCE

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NOTICE OF CHANGE OF OWNERSHIP

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

Per §41-1008(6), a business entity licensed as a producer shall inform the director of any change in ownership.

Date: _____ Idaho License # or NPN: _____ FEIN#: _____

Business Entity Name: _____

*NOTE: If this change of ownership results in:

1. A **change of name** for the listed entity. The Name Change, Business Entity form will need to be submitted in addition to this form.
2. A **change of FEIN**. DO NOT SUBMIT THIS FORM. You will need to apply for a new business entity license and request a merger of the existing license (non-survivor) into the newly-created license (survivor). This will result in active appointments and registrations transferring to the new entity.
3. A **change of officers**. A Change of Officer form will need to be submitted.

Former Owner: _____

New Owner: _____

Signature of Officer of Firm or Authorized Individual

Printed Name: _____

Phone: _____ Email: _____

Questions? Please contact Producer Licensing agent@doi.idaho.gov

SUBMIT