

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
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**CHANGE OF OFFICER NOTIFICATION**

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

Per Idaho Statute §41-1008 all business entities are required to notify the department of any change in officers or directors.

- Notes:**
- **Third Party Administrators** must attach bio affidavits of new officers not already on file with the Idaho Department of Insurance.
  - **Changes will not be displayed in SBS.** Idaho does not track owners or officers electronically, only by placing notices of change in the entities file.

- Instructions:**
- 1: Open the Change of Officer form in Adobe Acrobat.
  - 2: Fill out the Change of Officer form.
  - 3: Click the Submit button or send the completed form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

The following is a notification of a change of officers and/or directors.

Date: \_\_\_\_\_ Idaho Agency License #: \_\_\_\_\_ NPN: \_\_\_\_\_ FEIN#: \_\_\_\_\_

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

Name of Officer	Title	New or Delete
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach a list if there are not enough lines to report your changes.)

Signature of Authorized Individual: \_\_\_\_\_ Printed Name: \_\_\_\_\_

In case of questions regarding this notification, please provide contact information below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please click on the SUBMIT button below when complete or email the form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

