

REINSURANCE INTERMEDIARY EXEMPTION AND REGISTRATION FORM

Please fill out this form and forward to the address below. You will receive a confirmation that you are registered and exempt from licensure in Idaho.

NAME OF REINSURANCE
INTERMEDIARY _____

HOME STATE/JURISDICTION _____

ENTITY FEIN # _____

ADDRESS _____

PHONE _____

FAX: _____

CONTACT NAME: _____

TITLE: _____

DOMICILE STATE LICENSE #: _____

Please process this registration and request for exemption from licensure in your state as a Reinsurance Intermediary as we are actively licensed in our domicile state/jurisdiction as a Reinsurance Intermediary and our state/jurisdiction has similar laws to your state.

States/jurisdictions with similar laws who may request exemption: AK, AR, CA, CO, CT, DE, DC, FL, GA, IL, IA, KS, LA, ME, MA, MN, MO, MT, NE, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX, UT, VA, WA, WV, WY

Please be sure to check out the Idaho Statutes regarding Reinsurance Intermediaries under Chapter 51 under LAWS/RULES/BULLETINS on our website, www.doi.idaho.gov.

When completed, forward this form to: **Idaho Department of Insurance Attn: Producer Licensing 700 W State St Fl 3 PO Box 83720 Boise ID 83720-0043**
Contact for questions: agent@doi.idaho.gov