

*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**

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

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

Business Entity Name: \_\_\_\_\_

\*NOTE: If this change of ownership results in:

1. A **change of name** for the listed entity, please complete the Business Entity Name Change form and attach to this notice with proper documents for a name change.
2. A **change of FEIN**, please 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**, please complete the Change of Officer form and attach to this notice.

Please complete form(s) and submit with proper attachments to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

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](mailto:agent@doi.idaho.gov)

**SUBMIT**