

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**  
agent@doi.idaho.gov

**BUSINESS ENTITY NAME CHANGE\***

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

Former Name: \_\_\_\_\_

Name Change: \_\_\_\_\_

(Please attach a copy of the amendment filed with the domicile and Idaho Secretaries of State, a list of current officers and your current Idaho license and, if non-resident, be sure domicile state license has been changed.)\*

Signature of officer of firm or authorized individual: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Please confirm or report address change information below.

The Idaho Code requires a (licensee) to have an address accessible to the public, which cannot be a post office box. ***The business address provided must be a physical address. The mailing address can be a post office box.***

**Business Address:**

(Please include suite number if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Business Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Toll Free # \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

\*(NOTE: Please use this form only if the name change does not involve a structure change, Inc to LLC for example, or a change of FEIN. If there has been a change in structure or FEIN, please contact the department for instructions)  
There is no fee for this transaction.

Please click SUBMIT below when complete or email the completed form to agent@doi.idaho.gov

**SUBMIT**

Don't forget to attach a copy of the amendment filed with the domicile and Idaho's Secretaries of States to the email.