

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
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Boise, Idaho 83720-0043
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FAX # (208)334-4398
agent@doi.idaho.gov

CHANGE OF OFFICER NOTIFICATION

Date: _____ Idaho Agency License Number: _____

FEIN#: _____

Firm Name: _____

Signature: _____

(officer or authorized person may sign this form)

The following is a notification of a change of officers and/or directors. **Third Party Administrators** must attach bio affidavits of new officers not already on file with the Idaho Department of Insurance.

NAME OF OFFICER	TITLE	change/new/delete
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

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

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

SUBMIT