

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

CHANGE OF OFFICER NOTIFICATION

Date: _____ Idaho Agency License # or NPN: _____

FEIN#: _____

Firm Name: _____

Signature: _____
(officer or authorized person)

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