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

CHANGE OF OFFICER NOTIFICATION

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

Per Idaho Statute §41-1008 all business entities are required to notify the department of any change in officers or directors.

Notes:

- Third Party Administrators must attach bio affidavits of new officers not already on file with the Idaho Department of Insurance.
- Changes will not be displayed in SBS. Idaho does not track owners or officers electronically, only by placing notices of change in the entities file.

Instructions:

- 1: Open the Change of Officer form in Adobe Acrobat.
- 2: Fill out the Change of Officer form.
- 3: Click the Submit button or send the completed form to agent@doi.idaho.gov

Date: Io	laho Agency License #:	NPN:	FEIN#:	
Firm Name:				
Name of Officer		Title		New or Delete
Please attach a list if	there are not enough lines to re	eport your changes.		
Signature of Authoriz	zed Individual:		_ Printed Name:	
In case of questions r	egarding this notification, pleas	e provide contact info	ormation below:	
Name:		Phone:		
Email:				

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

Change of Officers, 11/23