

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 or fax to Attn: Producer Licensing at (208) 334-4398.

Former Owner: _____

New Owner: _____

Signature of Officer of Firm or Authorized Individual

Printed Name: _____

Phone: _____ Email: _____

Questions? Please contact Producer Licensing at (208) 334-4339 or at agent@doi.idaho.gov