

**Idaho Life and Health Insurance Guaranty Association
4700 N. Cloverdale Rd., Suite 204
Boise Idaho 83713-1068**

Idaho Certificate of Authority #: _____

NAIC #: _____

Company Name: _____

Company Mailing Address: _____

Company Mailing Address City, State, Zip: _____

Contact Person*: _____

Contact Department: _____

Contact Person's E-mail Address: _____

Telephone Number: _____

Fax Number: _____

Form completed by (name): _____

**We keep only one contact name/address in our database for your company. Please ensure that the contact person named here is appropriate to receive all guaranty association-related correspondence, including but not limited to proxy notices, annual meeting notices, assessment billings, and premium reporting questions.*

PLEASE COMPLETE THIS FORM AND RETURN TO THE ASSOCIATION OFFICE AT THE ADDRESS SHOWN ABOVE AS SOON AS POSSIBLE.

Thank you for your cooperation in keeping our information up to date.