



Iowa Insurance Division  
Two Ruan Center  
601 Locust Street 4th Floor Des  
Moines IA 50309  
515-281-5705

## Third Party Administrator Change of Address Form

Name of Third Party Administrator: \_\_\_\_\_

DBA/Trade Name: \_\_\_\_\_

License Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

### Primary Contact Information

Contact Name:	Phone:
Street Address:	Fax:
City:	State:
Zip:	Email Address:

<b>New Business Address:</b>		
City:	State:	Zip:

<b>New Mailing Address:</b>		
City:	State:	Zip:

<b>Previous Business Address:</b>		
City:	State:	Zip:

<b>Previous Mailing Address:</b>		
City:	State:	Zip:

Email completed form to: [producer.licensing@iid.iowa.gov](mailto:producer.licensing@iid.iowa.gov)