



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

### Third Party Administrator Company Officers/Directors Notice of Change Form

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

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

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email the Third Party Administrator Change form and an updated list of company officers and directors to: [producer.licensing@iid.iowa.gov](mailto:producer.licensing@iid.iowa.gov)

<b>List of officers/directors that need to be removed</b>	
Name of Officer/Director	Title

<b>Job title changes to current officers/directors</b>	
Name of Officer/Director	Title