State of Idaho
Department of Insurance

Annual Report Filing Extension Application

DUE June 15th of current filling year

Submission:

e-mail: doi.tpa@doi.idaho.gov Subject: AR Extension

or

Mail:

Idaho Department of Insurance
Examinations Section
PO BOX 83720
Boise, ID 83720-0043

Company Name: _____

License #: _____ FEIN: _____

Contact Person Information	
Name:	
Title:	
Phone:	Fax:
E-mail:	

Pursuant to Idaho Code § 41-914(1), the annual report for a TPA is due July 1, but an extension may be granted for good cause shown. Please explain "good cause".

Requested Extension Due Date (when annual report will be filed): _____

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.

Signature Date

Printed Name Title