**Section 2909.EXHIBIT A Collateral Report**

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|  | **COLLATERAL REPORT** |  |
| **Annual Disclosure** | **Large Deductible Supplement**  **215 ILCS 5/155.44 and 136 and**  **50 Ill. Adm. Code 2909.60** | **Due Date: March 1 each calendar year** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Company Name) | | | | |
| By: |  | | | |
| (Signature) | | | | |
| Title: | |  | Date: |  |

**Please enter the required information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policyholder Name** | **Net Worth** | **Per Claim**  **Deductible** | **Open**  **Reserves\*** | **Collateral**  **Held\*** |
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\* As calculated pursuant to Section 2909.40(b) of this Part.

\*\* Add additional rows, if needed, for each policy holder.