**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:**

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| --- | --- | --- | --- | --- |
| **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.