



2014 Collateral Recovery Annual Report

ALL REPOSSESSION AGENCIES LICENSED BY THE ILLINOIS COMMERCE COMMISSION

Each repossession agency must complete and file with the Commission, not later than May 15 of each calendar year, the Collateral Recovery Annual Report form for the preceding calendar year in accordance with 92 Ill. Adm. Code 1480.210. Responses provided in this Annual Report form should reflect a licensed repossession agency's operations in Illinois performed under the authority of its Class "R" License. Inaccurate or incomplete annual report forms will be rejected. Failure to file a properly completed annual report form by May 15, 2015 may result in Commission action to revoke your Repossession Agency Class "R" License and may subject the repossession agency to fines and penalties.

Please fully complete the report and file it with the Commission **NO LATER THAN MAY 15, 2015** by mailing it to:

Illinois Commerce Commission
Processing and Information
Annual Report
527 East Capitol Avenue
Springfield, Illinois 62701

Reports may also be filed via fax: (217)782-9244 or email: annualreports@icc.illinois.gov

Reports listing an email address or fax number will be sent a confirmation when the report has been filed and accepted.



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Repossession Agency Name: _____

Repossession Agency License Number: _____

PART 1: REPOSSESSIONS - Provide the number of repossessions performed during the year under the authority of the Class "R" License.

PART 2: MAIN OFFICE, BRANCH OFFICES AND REMOTE STORAGE LOCATIONS - Enter the number of all locations your collateral recovery business used during the year.

Main Office	Branch Office	Remote Storage Location	TOTAL

PART 3: NUMBER OF EMPLOYEES - Enter the number of FULL and PART TIME employees or independent contractors that your collateral recovery business utilized during the year.

Class "MR" Recovery Managers	Class "E" Employees	Class "EE" Interns	TOTAL

PART 4: REVENUE AND EXPENSES - Enter the total gross revenue and expenses from your collateral recovery operations.

TOTAL GROSS REVENUE	TOTAL EXPENSES

PART 5: OWNERSHIP - For each shareholder, each partner or each member provide the name, address, telephone number, and percentage of ownership held.

NAME	HOME ADDRESS	PHONE NUMBER	PERCENTAGE OF OWNERSHIP

Was there a change in ownership interest of the license holder in **2014**? YES NO

THE FOLLOWING NAMED INDIVIDUAL CERTIFIES THAT THIS REPORT IS TRUE, CORRECT AND COMPLETE.

PRINT NAME POSITION DATE SIGNED

SIGNATURE TELEPHONE NUMBER FAX NUMBER

E-MAIL ADDRESS

FILE ANNUAL REPORT WITH: ILLINOIS COMMERCE COMMISSION
 PROCESSING AND INFORMATION
 ANNUAL REPORT
 527 EAST CAPITOL AVENUE
 SPRINGFIELD, ILLINOIS 62701
 PHONE: (217) 782-4702
 FAX: (217) 782-9244
 annualreports@icc.illinois.gov

Failure to file a properly completed 2014 annual report by May 15, 2015 may result in the revocation of your authority.