Illinois Department of Financial and Professional Regulation Annual Report of Servicing Activity Reported as of December 31, 20______.

Licensee Name:		•		,			License Numl
Column 1	Column 2	Column 3	(Column 4	C	olumn 5	Column 6
Name of Funding Lender (Owner of Loan) Illinois Residential License Number # OR (if exempt from licensure)	Total # Servicing Portfolio Accounts Illinois Residential Mortgage Property	Total Dollar Value of Servicing Portfolio Accounts Illinois Residential Mortgage	Default Claims – Loans exceeding 90 days past due		Foreclosure Claims – Initial Filings		Percentage of Foreclosure claims to servicing portfolio account, per funding lender or
Name, Address, City, Zip Code		Property	Total	Total Principal	Total	Total Principal	Owner of
			Default	Amount (000's)	Foreclosure	Amount (000's)	Loan
			Claims		Claims		
							+
							+
							1
							+
							1
	•	Leave This	Line Blank				
Total Portfolio Accounts Serviced this page: Total Dollar Amount Portfolio Accounts Service	ed this page:	_					
Total Default Claims Filed this page:							
Total Foreclosure Claims filed this page:							

Total Default/Foreclosure Claims filed this page:

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Licensee Name:		SUMMARY			License Number:
Total Servicing Portfolio Accounts Serviced (Illinois)	Total Dollar Amount Portfolio Accounts Serviced (Illinois)	Total Default Claims Reported	Approximate Percentage of (reported) Default	<u>Total</u> <u>Foreclosure</u>	Approximate Percentage of (reported) Foreclosure Claims to

<u>Approximate Percentage of</u>
ult Foreclosure (reported) Foreclosure Claims to
unts Claims total accounts serviced
Reported
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Illinois Department of Financial and Professional Regulation Annual Report of Servicing Activity Reported as of December 31, 20______.

ATTESTATION AFFIDAVIT

I (We) attest that all the information submitted in the and true to the best of our knowledge.	accompanying report is accurate
I (We) are authorized to execute this form in accorda 1050, Section 1050.660 of the Illinois Administrative	
	,————
Note: The affidavit must be signed by the owner if the by ALL partners, if a partnership; by two officers or all members, if an association.	
STATE OF	Subscribed and sworn to before me this Day of, 20
COUNTY OF	Suy or
Authorized Corporate OR Notary Signature	(SEAL)