

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

Licensee Name: _____

License Number: _____

SUMMARY

<u>Total Servicing Portfolio Accounts Serviced (Illinois)</u>	<u>Total Dollar Amount Portfolio Accounts Serviced (Illinois)</u>	<u>Total Default Claims Reported</u>	<u>Approximate Percentage of (reported) Default Claims to total accounts serviced</u>	<u>Total Foreclosure Claims Reported</u>	<u>Approximate Percentage of (reported) Foreclosure Claims to total accounts serviced</u>
_____	\$ _____	_____	_____	_____	_____

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Reported as of December 31, 20_____ .**

ATTESTATION AFFIDAVIT

I (We) attest that all the information submitted in the accompanying report is accurate and true to the best of our knowledge.

I (We) are authorized to execute this form in accordance with Title 38, Chapter II, Part 1050, Section 1050.660 of the Illinois Administrative Code.

Note: The affidavit must be signed by the owner if the business is a sole proprietorship; by ALL partners, if a partnership; by two officers or ALL directors; if a corporation; by all members, if an association.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this
_____ Day of _____, 20_____.

Authorized Corporate OR Notary Signature

(SEAL)