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

Licensee Name: _____ **License Number: _____**

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

Total Portfolio Accounts Serviced this page: _____
Total Dollar Amount Portfolio Accounts Serviced 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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SUMMARY

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

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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)**