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

Licensee Name: 
License Number: 

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

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

Licensee Name: ____

License Number: ____

**SUMMARY**

<table>
<thead>
<tr>
<th>Total Servicing Portfolio Accounts Serviced (Illinois)</th>
<th>Total Dollar Amount Portfolio Accounts Serviced (Illinois)</th>
<th>Total Default Claims Reported</th>
<th>Approximate Percentage of (reported) Default Claims to total accounts serviced</th>
<th>Total Foreclosure Claims Reported</th>
<th>Approximate Percentage of (reported) Foreclosure Claims to total accounts serviced</th>
</tr>
</thead>
<tbody>
<tr>
<td>____</td>
<td>$ ____</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>
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Annual Report of Servicing Activity
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 _____  Subscribed and sworn to before me this _____ Day of _____, 20____.
COUNTY OF _____

__________________________________________  (SEAL)
Authorized Corporate OR Notary Signature