

Mortgage Loan Servicer Volume of Servicing Report

NMLS#				
EIN#	-			
		S00		

A. CONTACT INFORMATION

1. MAIN BUSINESS LOCATION

Primary Address (Main Registered Location)		City	State	Zip
Primary Phone Number		Primary Fax Number	-	Ext.
Corporate Website Address				
2. HEAD OF ORGANIZATION				
☐ Mr.				
☐ Ms. First Name	Middle Name		Last Name	
Individual's Title in Company		E-mail Address		
(Ext.				
Phone Number				
3. OVERALL CONTACT Provide the following information for an Overall C general Department of Financial Services by Mr. Mr. Ms.				ability to
Provide the following information for an Overall C general Department of Financial Services by Mr.				ability to
Provide the following information for an Overall C general Department of Financial Services by Mr. Mr. Ms.	usiness and inquir		l Department mail.	ability to
Provide the following information for an Overall C general Department of Financial Services by Mr. Mr. Ms. First Name	usiness and inquir	ies and to receive all	l Department mail.	
Provide the following information for an Overall C general Department of Financial Services by Mr. Mr. Ms. First Name Individual's Title in Company	usiness and inquir	ies and to receive all	Last Name	Zip

4. BILLING CONTACT (OPTIONAL) If you choose to designate a separate Billing Billing Contact is the same as the Overall Co		provide the following in	nformation. Do not cor	nplete this Item if the
☐ Mr. ☐ Ms.				
First Name	Middle Name		Last Name	
Individual's Title in Company		E-mail Address		
Address		City	State	Zip Code
Phone Number	Ext.	Fax Number	- E	ext.
5. EXAMINATION CONTACT (OPTIONA If you choose to designate a separate Examation. Do not complete this Item if the Example 1.	mination Contact to coord			de the following infor
☐ Mr. ☐ Ms.				
First Name	Middle Name		Last Name	
Individual's Title in Company		E-mail Address		
Address		City	State	Zip Code

B. GENERAL BUSINESS INFORMATION

Phone Number

1. ALTERNATE BUSINESS NAMES

names under which the organization conducted mortgage servicing bu	,, 3 , , , , , , ,

Fax Number

C. REGULATORY ACTIONS

1. REGULATORY ACTIONS

For the reporting period or at any time since, other than New York, has any state, federal, or foreign regulatory authority denied, suspended, revoked, or restricted the authorization to conduct a financial services-related business by the organization or any of its owners, partners, stockholders with 10% or more of voting stock in the organization, directors, or officers?

		YES	NO
	If Yes, provide the following information for each regulatory action.		
Attach additional pages as	Name of Regulatory Authority	_	
necessary	Type of Regulatory Action	_	
	Entity or Individual Subject to the Regulatory Action	_	
	Amount of Fine (if applicable)	_	
	Date of Regulatory Action (mm-dd-yyyy)		

Important: Report actual whole dollar amounts in Part D. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: \$7,000,012.53 **must** be stated as \$7,000,013.)

D. LOAN SERVICING REVENUE

You must use one accounting basis consistently throughout Part D

See instructions for additional details

1. ACCOUNTING BASIS

Under what accounting basis are questions in Part D being answered? **Mark only one box.**Accrual Basis

Cash Basis

2. GROSS REVENUE EARNED

For the reported calendar year, provide information on any revenue earned in connection with mortgage loans serviced for 1 - 4 family residential properties located in New York State.

(Report servicing revenue earned on loans your institution owns the mortgage servicing rights)	\$,		,		,		,	
Sub-Servicing (report revenue earned under third-party, including affiliates, sub-servicing contracts. Do not include revenue on loans where you own the servicing rights)	\$,		,		,		,	
Servicing Advances Revenues (Revenue from servicing advances)	\$,		,		,		,	
Late Fees/Charges (Include late charge penalties and fees collected from borrowers)	\$, ,		,		,		,	
Bulk Sale of Servicing Rights (Revenue from bulk sale of servicing rights, service release premiums and gain on sale)	\$, ,		,		,		,	
Other Revenue (Include other revenue not reported above, including fees collected e.g., report fees, appraisal fees, and or attorney fees. Do not include fees passed through or paid to third parties)	\$,		,		,		,	
Interest Revenue (Revenue from servicing related to P&I and T&I custodial accounts)	\$,		,		,		,	
Total Revenue Earned	\$,		,		,		,	

E. AGGREGATE FIRST LIEN LOAN INFORMATION

1. FIRST LIEN AMORTIZING (P & I) LOANS SERVICED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide the aggregate number and unpaid principal balance for prime, sub-prime and Alt-A first lien mortgage loans serviced for the reporting period for 1 - 4 family, residential properties located in New York State. Provide a breakdown of these mortgage loans using the categories in the tables below.

Section 419.12(a)

Breakdown by Loan Type

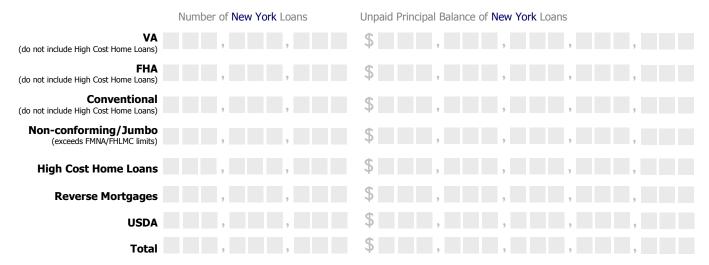
		Number of New York Loans		Unpaid Princ	oans.			
See	(do not include High Cost Home Loans)	, , , , , , , , , , , , , , , , , , , ,		\$,	,	,	, , ,
	FHA (do not include High Cost Home Loans)	, , ,		\$,	,	,	, ,
	Conventional (do not include High Cost Home Loans)	, ,		\$,	,	,	, , ,
instructions for additional details	Non-conforming/Jumbo (exceeds FMNA/FHLMC limits)	, , , , , ,		\$,	,	,	, , ,
	High Cost Home Loans	, , ,		\$,	,	,	, , ,
	Reverse Mortgages	, , , , ,		\$,	,	, ,	,
	USDA	, , , , , , , , , , , , , , , , , , , ,		\$,	,	,	,
	Total	, , , , , , , , , , , , , , , , , , , ,		\$,	,	,	,

2. FIRST LIEN AMORTIZING (P & I) LOANS SERVICED ON PROPERTIES LOCATED IN THE U.S. (INCLUDING NEW YORK STATE)

Provide the aggregate number and unpaid principal balance for prime, sub-prime and Alt-A first lien mortgage loans serviced for the reporting period for 1 - 4 family, residential properties located in the U.S. (including New York State).

Section 419.12(a)

Breakdown by Loan Type



E. AGGREGATE FIRST LIEN LOAN INFORMATION -CONTINUE

3. JUNIOR LIEN AMORTIZING (P & I) LOANS SERVICED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide the aggregate number and unpaid principal balance for prime, sub-prime and Alt-A junior lien mortgage loans (including HELOS and HELOCS) serviced for the reporting period for 1 - 4 family, residential properties located in New York State. Provide a breakdown of these mortgage loans using the categories in the tables below.

Section 419.12(a)

Junior Lien Type

	Number of New York Loans	Unpaid Principal Balance of New York Loans
Open Ended (do not include High Cost Home Loans)	, , , , , , , , , , , , , , , , , , , ,	\$, , , , , ,
Closed Ended (do not include High Cost Home Loans)	, , , , , , , , , , , , , , , , , , , ,	\$,,,,,
High Cost Home Loans	, ,	\$,,,,,
Total	, , , , , , , , , , , , , , , , , , , ,	\$

4. JUNIOR LIEN AMORTIZING (P & I) LOANS SERVICED ON PROPERTIES IN THE U.S. (INCLUDING NEW YORK STATE)

Provide the aggregate number and unpaid principal balance for prime, sub-prime and Alt-A junior lien mortgage loans (including HELOS and HELOCS) serviced for the reporting period for 1 - 4 family, residential properties located in the U.S. (including New York State).

Section 419.12(a)

Junior Lien Loan Type

	Number of United States Loans	Unpaid Principal Balance of United States Loans
Open Ended (do not include High Cost Home Loans)	, , , , , , , , , , , , , , , , , , , ,	\$, , , , , , , ,
Closed Ended (do not include High Cost Home Loans)	, , ,	\$, , , , , , ,
High Cost Home Loans	, , ,	\$, , , , , , ,
Total	, , , , , , , , , , , , , , , , , , , ,	\$, , , , , , , ,

F. MORTGAGE LOANS IN DEFAULT AND FORECLOSURE

1. FIRST LIEN MORTGAGE LOANS IN PAYMENT DEFAULT BEING SERVICED

Provide the number and unpaid principal balance for all first lien mortgage loans that the Organization is servicing that are in payment default. Provide a breakdown of these mortgage loans by length of payment delinquency (30 days, 60 days, 90 days, and longer).

Section 419.12(b) Table 2-A. Details on First Lien Loans



2. JUNIOR LIEN MORTGAGE LOANS IN PAYMENT DEFAULT BEING SERVICED

Provide the number and unpaid principal balance for all junior lien mortgage loans that the Organization is servicing that are in payment default. Provide a breakdown of these mortgage loans by length of payment delinquency (30 days, 60 days, 90 days, and longer).

Section 419.12(b)
Table 2-A. Details on Junior Lien Loans

Number of New York Loans			Unpaid Prin	Unpaid Principal Balance of New York Loans							
30 Days	, ,	,	\$,	, ,	,	, ,				
31— 60 Days	, , ,	,	\$,	,	,	, ,				
61 — 90 Days	, ,	,	\$,	, ,	,	, ,				
91+ Days	,	, ,	\$,	, ,	, ,	, ,				
Total	, , , ,	, ,	\$,	, , , ,	, , , ,					

G. LOAN SERVICING INFORMATION—INTEREST ONLY

1. INTEREST ONLY FIRST LIEN LOANS SERVICED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide the aggregate number and unpaid principal balance for Interest Only first lien mortgage loans serviced for the reporting period for 1 - 4 family, residential properties located in New York State. Provide a breakdown of these mortgage loans using the categories in the table below (Prime, Sub-prime, Alt-A, Fixed rate, and Adjustable rate).

Section 419.12(a)

Table 1-A. Interest Only First Lien Loan Type

	Number of New	Unpaid Principal Balance of New York Loans						
VA (do not include High Cost Home Loans)	, ,	, ,	\$,	,	,	,	
FHA (do not include High Cost Home Loans)	,	,	\$,	,	,	,	
Conventional (do not include High Cost Home Loans)	,	,	\$,	,	,	,	
Non-conforming/Jumbo (exceeds FMNA/FHLMC limits)	,	,	\$,	,	,	,	
High Cost Home Loans	,	,	\$,	,	,	,	
Reverse Mortgages	, ,	, ,	\$,	, ,	,	,	
Total	, ,	,	\$,	,	,	,	

AFFIDAVIT

SUBMISSION OF THIS REPORT VIA THE INTERNET IS MADE POSSIBLE BY A PASSWORD THAT WAS GIVEN BY THE DEPARTMENT OF FINANCIAL SERVICES TO THE MAIN CONTACT OR ONE OF THE OWNERS OR PRINCIPAL OFFICERS OF THE ORGANIZATION.

I, _______ (full name), being the ______ (title) of the Organization, swear/affirm that I am an owner or one of the principal officers authorized to submit this Volume of Servicing Report via the internet and that the financial figures contained herein are current, accurate, correct, and made under penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law.

This attestation does not apply to Sections A-1, A-3, and B-1 of the report as this information is pre-filled by the Department. If the pre-filled information does not reflect current information, send a letter to the Department explaining the differences.

Please be advised, Section 44-a of the New York Banking Law allows the Superintendent to assess a penalty of not more than \$2,000 per day for inaccurately filed reports. Furthermore, such penalty can be increased to not more than \$20,000 per day, if the Department determines that errors or omissions were not inadvertent or unintentional.

+PLEASE NOTE

ALL QUESTIONS MUST BE ANSWERED AS INSTRUCTED. INACCURATE OR INCOMPLETE REPORTING

MAY RESULT IN REGULATORY ACTIONS INCLUDING THE LEVY OF A FINE PURSUANT TO

SECTION 44-a OF THE NEW YORK STATE BANKING LAW.

- Keep copies of this and all correspondence with the Department of Financial Services.
- Only conduct regulated mortgage activities at licensed locations.

- Reguest approval from the Superintendent before a change of control (Banking Law Section 594-b).
- Communicate changes of ownership promptly in writing.
- Work only with chartered/licensed/registered/exempt entities.