



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION

DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

Phone: 406-841-2920 • Fax: 406-841-2930

Website: www.banking.mt.gov • E-Mail: mortgagelicensing@mt.gov

QUARTERLY STATEMENT OF MONTANA MORTGAGE SERVICING ACTIVITY

Engaged in the Business of Servicing Residential Mortgage Loans
Under the Montana Mortgage Act

Q1 data
Due May 15th
For Quarter Jan. 1 – March 31

Q3 data
Due November 14th
For Quarter Jul. 1 – Sept. 30

Q2 data
Due August 14th
For Quarter Apr. 1 – June 30

Q4 data
Due February 14th
For Quarter Oct. 1 – Dec. 31

REPORTING ENTITY

(Please Type or Print Legibly)

Name of Licensee _____

Unique Identifier _____

Address of main location _____

Name of person preparing this report _____

Phone number of preparer _____

Fax Number _____

E-mail Address _____

QUARTERLY STATEMENTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:
Division of Banking &
Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:
Division of Banking &
Financial Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930
E-MAIL: mortgagelicensing@mt.gov
PHONE: 406-841-2920

Each licensee is required by Montana law to submit a statement of its mortgage servicing activities (32-9-170, MCA and ARM 2.59.1743). Each licensee should file one report which covers all the activity of the entity for the period described. Ensure that the information provided is for **Montana residential mortgage loans only**, not a consolidation of all the loans serviced.

The Division recognizes the Expanded NMLS Mortgage Call Report Definitions & Instructions (Instructions) as being applicable to identical terms contained within this form. The Instructions are available online at <http://mortgage.nationwidelicencingsystem.org/slr/common/mcr/Pages/ExpandedMCR.aspx>

Important: The report must be filed on or before the 45th day after the end of the calendar quarter. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to initiate an enforcement action against your license, which may include suspension or revocation and a fine.

MONTANA LOANS SERVICED DURING QUARTER

	<u>Unpaid Principal Balance (UPB\$)</u>	<u>Number of Loans</u>
Total Montana Loans Serviced	_____	_____

Definitions for Servicing Activity:

Wholly Owned Loans Serviced	Enter the UPB and Loan Count for loans that you are servicing and for which you retain all ownership rights.
Loans Serviced Under MSRs	Enter the UPB and Loan Count for loans that you are servicing and for which you own only the Mortgage Servicing Rights.
Subservicing for Others	Enter the UPB and Loan Count for loans that you are subservicing on behalf of others
Subservicing by Others	Enter the UPB and Loan Count for loans that are Wholly Owned or for which you own the Mortgage Servicing Rights and have contracted with a third-party to service on your behalf.

SERVICING ACTIVITY	<u>UPB (\$)</u>	<u>Loan Count (#)</u>
Wholly Owned Loans Serviced	_____	_____
Loans Serviced Under MSRs	_____	_____
Subservicing for Others	_____	_____
Subservicing by Others	_____	_____
Total Loans Serviced	_____	_____

TYPE OF MONTANA LOANS SERVICED DURING QUARTER

Residential First Mortgages (1 – 4 Family Only)

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Government (FHA/VA/RHS)	_____	_____
Prime Conforming	_____	_____
Prime Non-Conforming	_____	_____
Other	_____	_____
Total Residential First Mortgages	_____	_____

MONTANA LOAN CHARACTERISTICS AS END OF QUARTER

Other Mortgages

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Closed-End Second Mortgages	_____	_____
Funded HELOCs	_____	_____
Reverse Mortgages	_____	_____
Commercial Mortgage Loans	_____	_____
Other _____	_____	_____
Total Other Mortgages	_____	_____

MONTANA DELINQUENCY STATUS AS END OF QUARTER

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Less than 30 days delinquent	_____	_____
30 to 60 days delinquent	_____	_____
61 to 90 days delinquent	_____	_____
More than 90 days delinquent	_____	_____

MONTANA LOSS MITIGATION EFFORTS - MODIFICATIONS

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Loan Modification Applications in process at beginning of period	_____	_____
Loan Modifications completed (non-HAMP)	_____	_____
Mortgage Loans Modified Under HAMP	_____	_____

Loan Modification applications terminated by borrower	_____	_____
Loan Modification applications denied by lender/servicer	_____	_____
Loan Modification applications terminated by other	_____	_____
Loan Modification applications received during period	_____	_____
Loan modification applications in process at end of period	_____	_____

MONTANA DELINQUENCY STATUS AS OF QUARTER END FOR LOANS MODIFIED DURING THE QUARTER

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Less than 30 days delinquent	_____	_____
30 to 60 days delinquent	_____	_____
61 to 90 days delinquent	_____	_____
More than 90 days delinquent	_____	_____

MONTANA DELINQUENCY STATUS AS OF QUARTER END FOR LOANS MODIFIED DURING PRIOR QUARTER

	<u>UPB (\$)</u>	<u>Number of Loans</u>
Less than 30 days delinquent	_____	_____
30 to 60 days delinquent	_____	_____
61 to 90 days delinquent	_____	_____
More than 90 days delinquent	_____	_____

MONTANA FORECLOSURE STATUS

	<u>UPB (\$)</u>	<u>Number of Loans</u>
In foreclosure status as of last period end date	_____	_____
Moved into foreclosure status in Period	_____	_____
Foreclosure resolved other than sheriff sale in Period	_____	_____
Foreclosure resulting in sheriff sale in Period	_____	_____
In foreclosure status as of End Date	_____	_____
REO as of End Date	_____	_____

Provide a description of the types of workout arrangements involving Montana residential mortgages, including mortgage loan modifications, and the percentage of each type of workout arrangement entered into. Attach additional pages if necessary. _____

AFFIDAVIT

I, _____ the undersigned, being the _____ of _____ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

Signature

Date

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
HERE*