



# Commonwealth of Massachusetts

DIVISION OF BANKS  
1000 Washington Street, 10<sup>th</sup> Floor  
Boston, MA 02118-6400

## Third Party Loan Servicer Annual Report Calendar Year Ending on December 31, 2014

All third party loan servicers are required to file an annual report, pursuant to Massachusetts General Laws chapter 93, section 24E and its implementing regulation 209 CMR 18.09.

Third party loan servicer registrants are required to complete this annual report form for the preceding calendar year. **The annual report for the calendar year ending on December 31, 2014 is required to be submitted to the Commissioner of Banks on or before March 31, 2015.** Registrants that fail to meet the March 31, 2015 deadline will be assessed a late penalty of **\$5.00 per day** until the annual report is received by the Division of Banks. The completed annual report must be e-mailed to [dobannualreport@state.ma.us](mailto:dobannualreport@state.ma.us) on or before **March 31, 2015**. **Do not mail a hard copy of this report into the Division.**

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_

**1) What types of loans does your company service in Massachusetts?**

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**2) Does your company collect payments on behalf of the original creditor that are more than 30 days past due?** \_\_\_\_\_

**3) For Massachusetts Consumers/Borrowers only**, by loan type, on the following pages list the number of loans serviced during Calendar year 2014 in Column 2. In Column 3 list the dollar amount of those loans serviced during Calendar year 2014. In Column 4 list the number of servicing contracts held by the registrant during Calendar year 2014. *Please note that information on residential mortgage loans is gathered in Question #4 on pages 3-5.*

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**REGISTRANT NAME:** \_\_\_\_\_

	Column 2	Column 3	Column 4
CONSUMER LOANS (UNSECURED)	# OF LOANS SERVICED	\$ DOLLAR AMOUNT OF LOANS SERVICED	# OF SERVICING CONTRACTS

	Column 2	Column 3	Column 4
STUDENT LOANS	# OF LOANS SERVICED	\$ DOLLAR AMOUNT OF LOANS SERVICED	# OF SERVICING CONTRACTS

	Column 2	Column 3	Column 4
MOTOR VEHICLE SALES FINANCE CONTRACTS	# OF CONTRACTS SERVICED	\$ DOLLAR AMOUNT OF CONTRACTS SERVICED	# OF SERVICING CONTRACTS

	Column 2	Column 3	Column 4
RETAIL INSTALLMENT SALES FINANCE CONTRACTS (CONSUMER & HOUSEHOLD GOODS)	# OF LOANS SERVICED	\$ DOLLAR AMOUNT OF LOANS SERVICED	# OF SERVICING CONTRACTS

	Column 2	Column 3	Column 4
OTHER - PLEASE SPECIFY LOAN TYPE BELOW:	# OF LOANS SERVICED	\$ DOLLAR AMOUNT OF LOANS SERVICED	# OF SERVICING CONTRACTS

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**REGISTRANT NAME:** \_\_\_\_\_

	Column 2	Column 3	Column 4
<b>OTHER - PLEASE SPECIFY LOAN TYPE BELOW:</b>	<b># OF LOANS SERVICED</b>	<b>\$ DOLLAR AMOUNT OF LOANS SERVICED</b>	<b># OF SERVICING CONTRACTS</b>

	Column 2	Column 3	Column 4
<b>OTHER - PLEASE SPECIFY LOAN TYPE BELOW:</b>	<b># OF LOANS SERVICED</b>	<b>\$ DOLLAR AMOUNT OF LOANS SERVICED</b>	<b># OF SERVICING CONTRACTS</b>

**4) Does your company service residential mortgage loans in Massachusetts?** \_\_\_\_\_

*If you answered yes, you must complete the remaining questions.*

*If you answered no, please skip the remaining questions. You must, however, complete the attestation on Page 5.*

**4. a) For Massachusetts Residential Property only**, list the number of mortgage loans serviced during Calendar year 2014 in Column 1. In Column 2 list the dollar amount of mortgage loans serviced during Calendar year 2014. In Column 3 list the number of mortgage loan servicing contracts held by the registrant during Calendar year 2014.

Column 1	Column 2	Column 3
<b># OF RESIDENTIAL MORTGAGE LOANS SERVICED</b>	<b>DOLLAR AMOUNT OF RESIDENTIAL MORTGAGE LOANS SERVICED</b>	<b># OF RESIDENTIAL MORTGAGE LOAN SERVICING CONTRACTS</b>

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**REGISTRANT NAME:** \_\_\_\_\_

**4. b) For Massachusetts Residential Property only**, list the number of HUD reverse mortgage loans (Home Equity Conversion Mortgage Loans or HECM loans) serviced during Calendar year 2014 in Column 1. In Column 2 list the dollar amount of HECM loans serviced during Calendar year 2014. In Column 3 list the number of HECM loan servicing contracts held by the registrant during Calendar year 2014.

Column 1	Column 2	Column 3
<b># OF HECM LOANS SERVICED</b>	<b>\$ DOLLAR AMOUNT OF HECM LOANS SERVICED</b>	<b># OF HECM LOAN SERVICING CONTRACTS</b>

**4. c) Is your company responsible for the foreclosure petition filing process with Land Court?** \_\_\_\_\_

If yes, how many foreclosure petitions did your company file in Massachusetts in 2014?  
\_\_\_\_\_

If no, what vendor(s) did your company use during 2014?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. d) Is your company registered with the Massachusetts Foreclosure Database, in accordance with G.L. c. 244, section 35A?** \_\_\_\_\_

**4. e) Does your company contract with any third parties who contact Massachusetts consumers/borrowers on your behalf?** \_\_\_\_\_ If yes, please list the third parties and describe the services provided.  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REGISTRANT NAME:** \_\_\_\_\_

**4. f) Does your company contact Massachusetts consumers/borrowers on behalf of another registered loan servicer or licensed debt collector? \_\_\_\_\_** If yes, please list your company's servicer clients.

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\_\_\_\_\_  
\_\_\_\_\_

**4.g) Does your company process residential loan modifications in Massachusetts?**  
\_\_\_\_\_

If yes, how many residential loan modifications were completed by your company in Massachusetts in 2014? \_\_\_\_\_

**4. h) Does your company process short sales in Massachusetts?** \_\_\_\_\_

If yes, how many short sales were completed by your company in Massachusetts in 2014? \_\_\_\_\_

**4. i) Does your company originate and/or close residential mortgage loans in Massachusetts and conduct direct servicing activities?** \_\_\_\_\_

\_\_\_\_\_

This report must be signed by an authorized officer, director or member of the registrant.

I, the undersigned, attest to the correctness of this report and declare that it has been examined by me and to the best of my knowledge and belief it has been prepared in conformance with the instructions issued and is true and correct.

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Name and title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date signed

\_\_\_\_\_  
Authorized individual's phone number

\_\_\_\_\_  
Authorized individual's E-mail address