

**Enact Mortgage Insurance**  
 8325 Six Forks Road  
 Raleigh, North Carolina 27615  
 800-444-5664  
 Fax 919-846-3125



# Monthly Delinquency Loan Status Report

Submit this report monthly for receipt no later than the 25th of each month. Information submitted should be complete and accurate. Enact encourages you to protect the transmission of consumer data according to your internal policies. For information on how to access our delinquency reporting website (DOW) to report a Notice of Delinquency, please contact the ActionCenter® at 800-444-5664. DOW is the preferred method for submitting a Notice of Delinquency to Enact.

## Submission Instructions

<b>Online Via Secure Submission:</b> MlserVICing.genworth.com	<b>Via Fax:</b> 919-846-3125	<b>Via Email:</b> Delinquencies@EnactMI.com	<b>Via Mail:</b> 8325 Six Forks Road, Raleigh, NC 27615 Attn: Delinquency Reporting
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Servicer Name	Servicer Loan Number
Servicer Address	

Mortgagor Name	MI Certificate Number
Property Address	

LOAN STATUS AS OF \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

- Cured (Loan brought current or paid-off by the mortgagor, not foreclosed/REO)  
If cured, indicate reason:  Current  Paid-off
- Servicing Transferred (Loan has been sold to another servicer)  
If known, Servicer Name: \_\_\_\_\_
- Address, City, & State: \_\_\_\_\_
- Remains Delinquent – Update the following with the most current information:

Current Principal Balance (exclude all delinquent interest, etc.)	Loan Due for Date (MM/DD/YY)	Occupancy Status (check one) <input type="checkbox"/> Mortgagor <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
Delinquent Status (check one)		
<input type="checkbox"/> Loan Modification/Workout <input type="checkbox"/> Recommend Mortgagor List for Sale <input type="checkbox"/> Offer to take Voluntary Conveyance (DIL) <input type="checkbox"/> Negotiate Payment Plan <input type="checkbox"/> Promise-to-Pay Date (if available): ____ / ____ / ____ <input type="checkbox"/> Pending Refinance <input type="checkbox"/> Bankruptcy – File Date _____ Chapter _____ <input type="checkbox"/> Active Foreclosure – complete the flowing:		

Date to Attorney for Foreclosure	Sale Scheduled Date	Date Title Acquired	Redemption Expiration Date (if applicable)	Claim File Date
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COMMENTS: \_\_\_\_\_  
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COMPLETED BY:			
Servicer Contact Name	Email	Telephone Number ( )	Date Completed by Servicer