

Loss Management Department 101 S. Stratford Rd., Suite 400 Winston Salem, NC 27104 lossmanagement@essent.us

1-877-331-9077

NOTICE OF COMPLETED LOAN MODIFICATION

| Certificate # | Service | r Loan # | | | |
|-----------------------------------|--------------------------------------|----------|-------------|----------|---------|
| | Servicer Loan # Co Borrower Name: | | | | |
| | | | | | |
| Property Address: | ty Address:Street | | City | | Zip |
| | | | | | · |
| Due Date Prior to Modification:// | | | Amount Past | Due \$ | |
| Effective Date of Modification:// | | | | t Due:// | |
| ,, | | | | | |
| Modified Loan Terms | | | | | |
| | | | | | |
| Amount Capitalized | | | | | |
| New Principal Balance | | \$ | | | |
| New P&I Payment | | \$ | | | |
| Loan Type | | | | | |
| Term | | r | months | | |
| Interest Rate | | % | | | |
| If step rate, please describ | oe | | | | |
| | · | | | | |
| | | | | | |
| | | | | | |
| Date/ Servicer: | | | Submitted | l hv: | |
| | | | | - | |
| Address: | | | | | |
| PH # E> | α | Emaii: | | | |

Submission of this form will serve as certification to Essent Guaranty, Inc. that the statements contained herein are true, accurate and complete in all respects. Essent Guaranty, Inc. shall be entitled to rely fully on any information contained herein.

EGI-6704.001 (01/11) Page 1 of 1