

U. S. Department Of Education
Federal Family Education Loan Program

Guaranty Agency Quarterly/Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Quarter Ending (MM-DD-CCYR): ____-____-____
Cover Page

Authority: The collection of this information is authorized by the Higher Education Act of 1965, as amended, Part B, Federal Family Education Loan Program (20 U.S.C. 1071 Et Seq.).

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Instructions: There are separate instructions for the completion of this form. Please read these instructions carefully before completing the form.

Form Submission: Submit the Quarterly Report and Annual Report via the U.S. Postal Service to the Address Below. (Submission of this cover page is optional.)

Guaranty Agency Processing
P. O. Box 4137
Greenville, TX 75403-4137

Guaranty Agency Quarterly/Annual Report
Quarterly Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Quarter Ending (MM-DD-CCYR): ____-____-____
Page: QR1

Part A: Guarantee Activity
(All numbers are cumulative except as noted.)

	Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
Loans Section (Principal Only):					
A-1 Loans Guaranteed - Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
A-2 Loans Guaranteed - Number	# _____	# _____	# _____	# _____	# _____
A-3 Unconsummated Loans Cancelled - Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
A-4 Other Loans Cancelled - Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
A-5 Uninsured Loans - Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

A-6 Number Of Borrowers

_____ # _____ # _____ # _____ # _____

GUARANTY AGENCY QUARTERLY/ANNUAL REPORT
QUARTERLY REPORT

GUARANTY AGENCY STATE NAME: _____
GUARANTY AGENCY CODE: _____

QUARTER ENDING (MM-DD-CCYR): ____-____-____
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Part A: Guarantee Activity (Continued)
(All numbers are cumulative except as noted.)

Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
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Loans Section (Principal Only - Continued):

A-7 Number of Stafford Borrowers in Interim Status at End-Of-Quarter

# _____	XXX	XXX	XXX	# _____
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A-8 Total Loan Guarantees Transferred In - Amount

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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A-9 Secretary's Plan Loan Guarantees Transferred In - Amount

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

A-10 Total Loan Guarantees Transferred In - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-11 Secretary's Plan Loan Guarantees Transferred In - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-12 Total Loan Guarantees Transferred Out - Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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Guaranty Agency State Name: _____
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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part A: Guarantee Activity (Continued)
(All numbers are cumulative except as noted.)

Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
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Loans Section (Principal Only - Continued):

A-13 Total Loan Guarantees Transferred Out - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-14 Federal PLUS and Federal SLS Loans Refinanced - Amount

XXX	\$ _____	\$ _____	XXX	XXX
-----	----------	----------	-----	-----

Claims Section:

A-15 Default Claims Paid - Amount

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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A-16 Default Claims Paid - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-17 Bankruptcy Claims Paid - Amount

5 _____

5 _____

5 _____

5 _____

5 _____

Guaranty Agency Quarterly/Annual Report
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Guaranty Agency State Name: _____
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Part A: Guarantee Activity (Continued)
(All numbers are cumulative except as noted.)

Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
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Claims Section (Continued):

A-18 Bankruptcy Claims Paid - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-19 Death and Disability Claims Paid - Amount

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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A-20 Death and Disability Claims Paid - Number

# _____	# _____	# _____	# _____	# _____
---------	---------	---------	---------	---------

A-21 Closed Schools Claims Paid - Amount

\$ _____	XXX	\$ _____	XXX	\$ _____
----------	-----	----------	-----	----------

A-22 Closed Schools Claims Paid - Number

# _____	XXX	# _____	XXX	# _____
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A-23 False Certification Claims Paid - Amount

\$ _____

XXX

\$ _____

XXX

\$ _____

Guaranty Agency Quarterly/Annual Report
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Part A: Guarantee Activity (Continued)
(All numbers are cumulative except as noted.)

Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
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Claims Section (Continued):

A-24 False Certification Claims Paid - Number

# _____	XXX	# _____	XXX	# _____
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Collections Section (Principal, Interest and Fees):

A-25 Total collected by Guaranty Agency

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

A-26 Total collected by agents of the Guaranty Agency

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

A-27 Total collected through IRS Offset

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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Paid In Full Section:

A-28 Paid In Full

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio
(All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA---- (D)	Other -Charges- (E)	-Collected-- (F)
Federal Stafford (Except Unsubsidized Stafford) Section:						
B-1 Bankruptcy - Other						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-2 Bankruptcy, Active - Chapter 13						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-3 Bankruptcy, Closed - Chapter 13						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-4 Death and Disability						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-5 Closed Schools						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B-6 False Certification

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
 Quarterly Report

Guaranty Agency State Name: _____
 Guaranty Agency Code: _____

Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio (Continued)
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal Stafford (Except Unsubsidized Stafford) Section (Continued):						
B-7	Collection Termination					
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-8	Compromise					
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-9	Paid-In-Full					
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-10	Referred for Litigation					
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-11	In Repayment					
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-12	Collection Exclusions					

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

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Guaranty Agency Code: _____

Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio (Continued)
(All numbers reflect the end-of-quarter status.)

-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
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Federal Stafford (Except Unsubsidized Stafford) Section (Continued):

B-13 Unresolved

# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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B-14 Assigned to ED, Temporary

# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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B-15 Assigned to ED, Permanent

# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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 Quarterly Report

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Part B: Paid Claims Portfolio (Continued)
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal PLUS Section:						
B-16 Bankruptcy - Other	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-17 Bankruptcy, Active - Chapter 13	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-18 Bankruptcy, Closed - Chapter 13	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-19 Death and Disability	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-20 Collection Termination	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-21 Compromise						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

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Part B: Paid Claims Portfolio (Continued)
(All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---Spa---- (D)	Other -Charges- (E)	-Collected-- (F)
Federal PLUS Section (Continued):						
B-22 Paid-In-Full						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-23 Referred for Litigation						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-24 In Repayment						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-25 Collection Exclusions						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-26 Unresolved						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-27 Assigned to ED, Temporary						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

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Part B: Paid Claims Portfolio (Continued)
(All Numbers Reflect The End-Of-Quarter Status.)

-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
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Federal PLUS Section (Continued):

B-28 Assigned to ED, Permanent

# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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Guaranty Agency Quarterly/Annual Report
 Quarterly Report

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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal SLS Section:						
B-29 Bankruptcy - Other	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-30 Bankruptcy, Active - Chapter 13	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-31 Bankruptcy, Closed - Chapter 13	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-32 Death and Disability	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-33 Closed Schools	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-34 False Certification						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
 Quarterly Report

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Part B: Paid Claims Portfolio (Continued)
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal SLS Section (Continued):						
B-35 Collection Termination						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-36 Compromise						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-37 Paid-In-Full						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-38 Referred for Litigation						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-39 In Repayment						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-40 Collection Exclusions						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

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Part B: Paid Claims Portfolio (Continued)
(All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal SLS Section (Continued):						
B-41 Unresolved						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-42 Assigned to ED, Temporary						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-43 Assigned to ED, Permanent						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio
(All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal Consolidation Section:						
B-44 Bankruptcy - Other						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-45 Bankruptcy, Active - Chapter 13						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-46 Bankruptcy, Closed - Chapter 13						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-47 Death and Disability						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-48 Collection Termination						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-49 Compromise						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
 Quarterly Report

Guaranty Agency State Name: _____
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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio (Continued)
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Federal Consolidation Section (Continued):						
B-50 Paid-In-Full						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-51 Referred for Litigation						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-52 In Repayment						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-53 Collection Exclusions						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-54 Unresolved						
	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B-55 Assigned to ED, Temporary						

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Quarterly Report

Guaranty Agency State Name: _____
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Part B: Paid Claims Portfolio (Continued)
(All numbers reflect the end-of-quarter status.)

-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
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Federal Consolidation Section (Continued):

B-56 Assigned to ED, Permanent

# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part B: Paid Claims Portfolio
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Unsubsidized Stafford Section:						
B-57 Bankruptcy - Other	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-58 Bankruptcy, Active - Chapter 13	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-59 Bankruptcy, Closed - Chapter 13	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-60 Death and Disability	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-61 Closed Schools	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____

B-62 False Certification

_____ \$ _____ \$ _____ XXX \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
 Quarterly Report

Guaranty Agency State Name: _____
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Part B: Paid Claims Portfolio (Continued)
 (All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Unsubsidized Stafford Section (Continued):						
B-63	Collection Termination					
	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-64	Compromise					
	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-65	Paid-In-Full					
	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-66	Referred for Litigation					
	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-67	In Repayment					
	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-68	Collection Exclusions					

\$ _____

\$ _____

XXX

\$ _____

\$ _____

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Part B: Paid Claims Portfolio (Continued)
(All numbers reflect the end-of-quarter status.)

	-Number- (A)	-Amount Paid- (B)	Accrued --Interest-- (C)	Pre-11/90 ---SPA--- (D)	Other -Charges- (E)	-Collected-- (F)
Unsubsidized Stafford Section (Continued):						
B-69 Unresolved	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-70 Assigned to ED, Temporary	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____
B-71 Assigned to ED, Permanent	# _____	\$ _____	\$ _____	XXX	\$ _____	\$ _____

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Part C: Federal Receivable Data

(Unless otherwise noted, entries must reflect the end-of-quarter status, and the sum of each column must equal the federal receivable.)

	Number Of -Borrowers- (A)	Total Receivable -(Except Accrued Interest)- (B)	-Accrued Interest- (C)
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Accounts Not Scheduled Section:

C-1	Not Delinquent	# _____	\$ _____	\$ _____
C-2	1 - 30 Days	# _____	\$ _____	\$ _____
C-3	31 - 60 Days	# _____	\$ _____	\$ _____
C-4	61 - 90 Days	# _____	\$ _____	\$ _____
C-5	91 - 120 Days	# _____	\$ _____	\$ _____
C-6	121 - 180 Days	# _____	\$ _____	\$ _____
C-7	181 - 365 Days	# _____	\$ _____	\$ _____
C-8	1 Year, 1 Day - 2 Years	# _____	\$ _____	\$ _____

C-9 2 Years, 1 Day - 3 Years

\$ _____

\$ _____

C-10 Over 3 Years

\$ _____

\$ _____

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Part C: Federal Receivable Data (Continued)

(Unless otherwise noted, entries must reflect the end-of-quarter status, and the sum of each column must equal the federal receivable.)

	Number Of -Borrowers- (A)	Total Receivable -(Except Accrued Interest)- (B)	-Accrued Interest- (C)
--	---------------------------------	--	---------------------------

Accounts Scheduled Or Rescheduled Section:

C-11 Not Delinquent	# _____	\$ _____	\$ _____
C-12 1 - 30 Days	# _____	\$ _____	\$ _____
C-13 31 - 60 Days	# _____	\$ _____	\$ _____
C-14 61 - 90 Days	# _____	\$ _____	\$ _____
C-15 91 - 120 Days	# _____	\$ _____	\$ _____
C-16 121 - 180 Days	# _____	\$ _____	\$ _____
C-17 181 - 365 Days	# _____	\$ _____	\$ _____
C-18 1 Year, 1 Day - 2 Years	# _____	\$ _____	\$ _____
C-19 2 Years, 1 Day - 3 Years	# _____	\$ _____	\$ _____
C-20 Over 3 Years	# _____	\$ _____	\$ _____

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Quarter Ending (MM-DD-CCYR): ____-____-____
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Part C: Federal Receivable Data (Continued)

-Accrued Interest-

Current Quarter Accrued Interest Section:

C-21 Accrued Interest Charged to Borrowers during the Current Quarter \$_____

	Number Of -Borrowers- (A)	Total Receivable -(Except Accrued Interest)- (B)	-Accrued Interest- (C)
--	---------------------------------	--	---------------------------

Other Bankruptcies Under Stay (Except Chapter 13) Section:

C-22 1 - 180 Days	#_____	\$_____	\$_____
C-23 181 - 365 Days	#_____	\$_____	\$_____
C-24 1 Year, 1 Day - 2 Years	#_____	\$_____	\$_____
C-25 2 Years, 1 Day - 3 Years	#_____	\$_____	\$_____
C-26 Over 3 Years	#_____	\$_____	\$_____

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Guaranty Agency State Name: _____
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Quarter Ending (MM-DD-CCYR): ____ - ____ - ____
Page: QR24

	Number of Borrowers (A)	Principal (B)	Accrued Interest (C)	Other Charges (D)
Federal Receivable Information				
C-27 Collection Termination	# _____	\$ _____	\$ _____	\$ _____
C-28 Compromises	# _____	\$ _____	\$ _____	\$ _____
C-29 Agency's Accruals	XXX	XXX	\$ _____	\$ _____
C-30 Default FFEL Loans Consolidated by Direct Loan Program	# _____	\$ _____	\$ _____	\$ _____
C-31 Debts Permanently Assigned to ED	# _____	\$ _____	\$ _____	\$ _____
C-32 Default Loans Transferred	# _____	\$ _____	\$ _____	\$ _____
C-33 Default Loans Received	# _____	\$ _____	\$ _____	\$ _____
C-34 Other Transactions affecting				

Federal Receivable

_____ \$ _____ \$ _____ \$ _____

ED Form 1130, 1/98
(Previous Editions Obsolete.)

OMB No. 1840-0002
Expiration Date: 9/30/99

Guaranty Agency Quarterly/Annual Report
Quarterly Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Quarter Ending (MM-DD-CCYR): ____-____-____
Page: QR25

Part D: Quarterly Report Certification

D-1 Type of Submission (Check Only One): Original: _____ Correction: _____
Adjustment (And Correction To Adjustment): _____

D-2 Name of Guaranty Agency: _____

D-3 Typed Name of Contact Person: _____

D-4 Contact Telephone Number: (_____) _____

Certification Statement

The data submitted for this Guaranty Agency Quarterly Report (ED Form 1130, Parts A, B, C and D) is correct to the best of my knowledge and belief. I certify that it conforms to the laws, regulations and policies applicable to the Federal Family Education Loan Program. I further agree that all documents, files and accounts supporting this data shall be subject to audit by the Secretary of Education or other authorized representatives of the United States government.

D-5 Signature of Authorized Official: _____

D-6 Date: _____

D-7 Typed Name of Authorized Official: _____

D-8 Title of Authorized Official: _____

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
MM/DD/CCYR Page: AR1

Part E: Annual Report
(See instructions For Period Covered By Each Item.)

----Amount----

----Amount----

Sources Of Funds Section:

Uses of Funds Section:

E-1 Insurance Premiums \$ _____
E-2 State Appropriations \$ _____
E-3 Federal Advances \$ _____
E-4 Federal Reinsurance
and SPA Payments \$ _____
E-5 Administrative Cost
Allowance \$ _____
E-6 Agency Collections on
Claims Paid \$ _____
E-7 Investment Earnings \$ _____
E-8 Other Sources \$ _____

E-9 Total Claims \$ _____
E-10 Collection Related Costs \$ _____
E-11 Total Operating Costs \$ _____
E-12 Lender Fees \$ _____
E-13 Collections Submitted
to ED \$ _____
E-14 Federal Advances
Returned to ED \$ _____
E-15 Reinsurance Fees
Submitted to ED \$ _____
E-16 Other Uses \$ _____

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
MM/DD/CCYR Page: AR2

Part E: Annual Report (Continued)
(See instructions for period covered by each item.)

	----Amount----
Pending and Contingent Transactions Section:	
E-17 Reinsurance and SPA Payments Due from ED	\$ _____
E-18 Administrative Cost Allowance Billed	\$ _____
E-19 Collections Due to ED	\$ _____
E-20 Reinsurance Fees Due to ED	\$ _____
E-21 Other Pending Transactions	\$ _____
E-22 Contingent Insurance Premiums	\$ _____
Loan Portfolio Status Section (Principal Only):	
E-23 Loans Paid-In-Full	\$ _____
E-24 Unreinsured Loans not Eligible for Cure	\$ _____
E-25 Federal Stafford (Except Unsubsidized Stafford) Interim Loans (In-School and In Grace)	\$ _____
E-26 Unsubsidized Stafford Interim Loans (In-School and In Grace)	\$ _____
E-27 Total Loans in Deferment before First Payment Due	\$ _____

E-28 Unsubsidized Stafford Loans in Deferment before First Payment Due

\$ _____

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
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Fiscal Year Ending: 09-30-_____
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Part E: Annual Report (Continued)
(See instructions for period covered by each item.)

Loan Portfolio Status Section (Principal Only - Continued):

E-29 Total Loans in Deferment \$ _____

E-30 Unsubsidized Stafford Loans in Deferment \$ _____

----Amount----

	Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford--- (E)
Lender Loan Volume Section:					
E-31 Commercial Lenders (Banks, Savings and Loans, and Credit Unions)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E-32 School Lenders	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E-33 Direct Lenders (State or Private Non-Profit)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E-34 All Other Lenders					

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
MM/DD/CCYR Page: AR4

Part E: Annual Report (Continued)
(See instructions for period covered by each item.)

Federal Stafford -(Except Unsub.)- (A)	Federal ----PLUS---- (B)	Federal -----SLS----- (C)	Federal -Consolidation- (D)	Unsubsidized ---Stafford-- (E)
--	--------------------------------	---------------------------------	-----------------------------------	--------------------------------------

Default Claims Paid Section:

E-35 Commercial Lenders (Banks, Savings and Loans, and Credit Unions)

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

E-36 School Lenders

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

E-37 Direct Lenders (State Or Private Non-Profit)

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

E-38 All Other Lenders

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------	----------

Number of Lenders Section:

E-39 Total Number of Active Lenders

Guaranty Agency Quarterly/Annual Report
 Annual Report

Guaranty Agency State Name: _____
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Fiscal Year Ending: 09-30-_____
 MM/DD/CCYR Page: AR5

Part E: Annual Report (Continued)
 (See instructions for period covered by each item.)

-----Amount-----

-----Amount-----

Composition Of Federal Consolidation Loans Section:

E-40 Federal Stafford
 (Except Unsub.) \$ _____

E-45 Federal Perkins
 Loans \$ _____

E-41 Federal PLUS \$ _____

E-46 Health Education
 Assistance Loans

E-42 Federal SLS \$ _____

(HEAL) \$ _____

E-43 Unsubsidized Stafford \$ _____

E-47 Health Professions
 Student Loans

E-44 Federally Insured Student
 Loans (FISL) \$ _____

(HPSL) \$ _____

Federal Stafford
 -(Except Unsub.)-
 (A)

Federal
 ----PLUS----
 (B)

Federal
 -----SLS-----
 (C)

Federal
 -Consolidation-
 (D)

Unsubsidized
 ---Stafford---
 (E)

Reinsurance Reimbursement Section:

E-48 Default Reinsurance Received

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

E-49 Pre-11/90 SPA Reimbursed

\$ _____

\$ _____

\$ _____

\$ _____

XXX

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
MM/DD/CCYR Page: F1

Part F: Financial Statement

Revenues Section

	CY Actual (A)	CY +1 Projection (B)	CY +2 Projection (C)	CY +3 Projection (D)	CY +4 Projection (E)	CY +5 Projection (F)
F-1 Insurance Premiums	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-2 Administrative Cost Allowance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-3 Income on Escrow Balance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-4 Federal Reinsurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-5 Revenues from Receipts For Rehabilitated/Consolidation Loan Sales under FFEL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-6 SPA Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-7 In-House Collections On Claims Paid	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-8 Outside Collections on Claims Paid						

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-9 Investment Earning on Reserve Fund

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

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(Previous Editions Obsolete.)

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Guaranty Agency Quarterly/Annual Report
Annual Report

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Part F: Financial Statement (Continued):

	CY Actual (A)	CY +1 Projection (B)	CY +2 Projection (C)	CY +3 Projection (D)	CY +4 Projection (E)	CY +5 Projection (F)
F-10 Revenues from Guarantor Servicing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-11 Revenues from Lender Servicing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-12 Other Revenues Belonging To the FFEL Reserve Fund	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-13 Other Non-Cash Revenues Belonging to the FFEL Reserve Fund	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Expense Section

F-14 Total Claims Paid to Lenders
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-15 Collections Submitted to ED

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-16 Expenses for Rehabilitated/Consolidation Loan Sales Under FFELP Due to ED

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-17 Personnel Costs

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-18 Facilities Cost - Ownership

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
Page: F3

Part F: Financial Statement (Continued):

CY Actual (A)	CY +1 Projection (B)	CY +2 Projection (C)	CY +3 Projection (D)	CY +4 Projection (E)	CY +5 Projection (F)
F-19 Facilities Cost - Rental					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-20 Equipment Rental and Lease Payments Expensed					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-21 Travel					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-22 Professional Fees					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-23 Fees Paid to Third Party Servicers - Unrelated					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-24 Fees Paid to Third Party Servicers - Related					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-25 Other Operating Expenses					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-26 Disbursements to the Restricted Account					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-27 Other Costs					

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F-28 Depreciation and Other Non-Cash Charges to the Reserve Fund

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

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Part F: Financial Statement (Continued):

CY Actual (A)	CY +1 Projection (B)	CY +2 Projection (C)	CY +3 Projection (D)	CY +4 Projection (E)	CY +5 Projection (F)
Balance Sheet Section					
F-29 FFEL Cash, Cash Equivalents and Investments \$ _____	XXX	XXX	XXX	XXX	XXX
F-30 FFEL Cash in Restricted Account \$ _____	XXX	XXX	XXX	XXX	XXX
F-31 Net Investment in Property, Plant, Equipment and Inventory \$ _____	XXX	XXX	XXX	XXX	XXX
F-32 FFEL Accounts Receivable from the Department \$ _____	XXX	XXX	XXX	XXX	XXX
F-33 Other FFEL Assets \$ _____	XXX	XXX	XXX	XXX	XXX
F-34 Accounts Payable, Accrued Expenses and Other Current Liabilities \$ _____	XXX	XXX	XXX	XXX	XXX
F-35 Accounts payable, Accrued Expenses and Other Current Liabilities Payable to ED \$ _____	XXX	XXX	XXX	XXX	XXX

F-36 Other FFEL Liabilities

\$ _____ XXX XXX XXX XXX XXX

F-37 Allowances and Other Non-Cash Charges to FFEL

\$ _____ XXX XXX XXX XXX XXX

F-38 Reserve Fund Balance

\$ _____ XXX XXX XXX XXX XXX

ED Form 1130, 1/98
(Previous Editions Obsolete.)

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Expiration Date: 9/30/99

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
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Part F: Financial Statement (Continued):

Memo Items - Sources and Uses of Funds

	CY Actual (A)	CY +1 Projection (B)	CY +2 Projection (C)	CY +3 Projection (D)	CY +4 Projection (E)	CY +5 Projection (F)
F-39 Collection Costs - Internal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-40 Collection Costs - External	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-41 Earnings on Restricted Account	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F-42 Earnings on Restricted Account Used for Default Prevention Activities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

F-43 Net Cash Provided (used in) Noncapital Financing Activities

\$ _____	XXX	XXX	XXX	XXX	XXX
----------	-----	-----	-----	-----	-----

F-44 Net Cash Provided (used in) Investing Activities

\$ _____	XXX	XXX	XXX	XXX	XXX
----------	-----	-----	-----	-----	-----

F-45 Net Cash Used in Capital and Related Financing Activities

\$ _____	XXX	XXX	XXX	XXX	XXX
----------	-----	-----	-----	-----	-----

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
Page: G1

Part G: Certification Section:

Certification Section:

G-1 Type of Submission (Check Only One): Original: _____ Correction: _____
Adjustment (And Correction to Adjustment): _____

G-2 Name of Guaranty Agency: _____

G-3 Typed Name of Contact Person: _____

G-4 Contact Telephone Number: (_____)_____

Certification Statement

The data submitted for this Guaranty Agency Annual Report (ED Form 1130, Part E and F) is correct to the best of my knowledge and belief. I certify that it conforms to the laws, regulations and policies applicable to the Federal Family Education Loan Program. I further agree that all documents, files and accounts supporting this data shall be subject to audit by the Secretary of Education or other authorized representatives of the United States government.

G-5 Signature of Authorized Official: _____ G-6 Date: _____

G-7 Typed Name of Authorized Official: _____

G-8 Title of Authorized Official: _____

