

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.).

Reporting Burden: The time required to complete this information collection is estimated to
----- average 50 hours per response, including the time to review instructions,
search existing data resources, gather and maintain the data needed, and
complete and review the information collection. **If you have any comments concerning the accuracy
of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department
of Education, Washington, D.C. 20202-4651. **If you have any comments or concerns regarding the
status of your individual submission of this form, write directly to:** Guaranty Agency Reporting,
U.S. Department of Education, P O Box 23457, L'Enfant Plaza Station, Washington, D.C. 20026.

Warning: Any person who knowingly and willfully destroys or conceals any record relating to the
----- provision of assistance under Title IV of The Higher Education Act of 1965, as amended,
or attempts to so destroy or conceal with intent to defraud the United States or to
prevent the United States from enforcing any right obtained by subrogation under Part B of Title IV,
shall upon conviction thereof, be fined not more than \$20,000 or imprisoned not more than 5 years,
or both, under the provisions of 20 U.S.C. 1097.

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.)

U.S. Department of Education
Guaranty Agency Processing
P. O. Box 4137
Greenville, TX 75403-4137

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 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: _____
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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)
Loans Section (Principal Only - Continued):					
A-7	Number Of Stafford Borrowers In Interim Status At End-Of-Quarter				
	# _____	XXX	XXX	XXX	# _____
A-8	Total Loan Guarantees Transferred In - Amount				
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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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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

# _____	# _____	# _____	# _____	# _____
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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

# _____	# _____	# _____	# _____	# _____
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A-17 Bankruptcy Claims Paid - Amount

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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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)
Claims Section (Continued):					
A-18 Bankruptcy Claims Paid - Number	# _____	# _____	# _____	# _____	# _____
A-19 Death And Disability Claims Paid - Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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	# _____
A-23 False Certification Claims Paid - Amount	\$ _____	XXX	\$ _____	XXX	\$ _____

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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

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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A-26 Total Collected By Agents Of The Guaranty Agency

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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A-27 Total Collected Through IRS Offset

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

A-28 Paid In Full

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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	# _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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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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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	\$ _____	\$ _____

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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)
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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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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	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 Received	# _____	\$ _____	\$ _____	\$ _____
C-33 Default Loans Transferred	# _____	\$ _____	\$ _____	\$ _____
C-34 Other Transactions affecting Federal Receivable	# _____	\$ _____	\$ _____	\$ _____

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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-9	Total Claims
	\$ _____		\$ _____
E-2	State Appropriations	E-10	Collection Related Costs
	\$ _____		\$ _____
E-3	Federal Advances	E-11	Total Operating Costs
	\$ _____		\$ _____
E-4	Federal Reinsurance And SPA Payments	E-12	Lender Fees
	\$ _____		\$ _____
E-5	Administrative Cost Allowance	E-13	Collections Submitted To ED
	\$ _____		\$ _____
E-6	Agency Collections On Claims Paid	E-14	Federal Advances Returned To ED
	\$ _____		\$ _____
E-7	Investment Earnings	E-15	Reinsurance Fees Submitted To ED
	\$ _____		\$ _____
E-8	Other Sources	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: _____
Guaranty Agency Code: _____

Fiscal Year Ending: 09-30-_____
MM/DD/CCYR Page: AR3

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

----Amount----

Loan Portfolio Status Section (Principal Only - Continued):

E-29 Total Loans In Deferment \$ _____
E-30 Unsubsidized Stafford Loans In Deferment \$ _____

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.)-	Federal ----PLIUS----	Federal -----SLS-----	Federal -Consolidation-	Unsubsidized ---Stafford--
	(A)	(B)	(C)	(D)	(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	# _____	# _____	# _____	# _____	# _____
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Guaranty Agency Quarterly/Annual Report
 Annual Report

Guaranty Agency State Name: _____
 Guaranty Agency Code: _____

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 (HEAL)	\$ _____
E-42	Federal SLS	\$ _____	E-47	Health Professions Student Loans (HPSL)	\$ _____
E-43	Unsubsidized Stafford	\$ _____			
E-44	Federally Insured Student Loans (FISL)	\$ _____			

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: F-3

Part F: Financial Statement (Continued)

	AMOUNT/ CY ACTUAL	CY + 1 PROJECTION	CY + 2 PROJECTION	CY + 3 PROJECTION	CY + 4 PROJECTION	CY + 5 PROJECTION
Restricted Account						
R-1	Beginning Balance (from 9/30/xx)					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R-2	Recall of Federal Funds from Federal Fund					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R-3	Investment Income on Restricted Account					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R-4	Investment Income on Restricted Account Expensed for Default Prevention					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R-5	Ending Balance					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Federal Fund Balance Sheet Section						
B-1	Cash, Cash Equivalents and Investment					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-2	Restricted Account Cash, Cash Equivalents and Investments					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-3	Net Investment in Property, Plant, Equipment, and Inventory					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-4	Accounts Receivable from ED					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-5	Other Assets					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-6	Accounts Payable, Accrued Expenses and Other Current Liabilities					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-7	Accounts Payable to ED					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-8	Other Liabilities					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-9	Allowances and Other Non-Cash Charges Fund					
	\$ _____	XXX	XXX	XXX	XXX	XXX
B-10	Federal Fund Balance					
	\$ _____	XXX	XXX	XXX	XXX	XXX

Guaranty Agency Quarterly/Annual Report
Annual Report

Guaranty Agency State Name: _____
Guaranty Agency Code: ____

Fiscal Year Ending: 09-30-____
(MM/DD/CCYR) Page: G-1

Part G: 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

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