

EXPORT-IMPORT BANK OF THE UNITED STATES

**REPORT OF OVERDUE ACCOUNTS
UNDER MEDIUM-TERM CREDIT INSURANCE POLICIES**

Date Prepared _____

Submit this form for all amounts which are in default,
in accordance with the terms of your policy.

POLICY # _____

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| <p align="center"><u>INSTRUCTIONS</u></p> <p>1. You should check the terms and conditions of your policy with regard to what overdue amounts must be reported.</p> <p>2. You should continue to report overdues either until the amount overdue is paid or until you have filed a claim. Please read your policy to determine the claim filing deadline.</p> <p>3. In general, it is your responsibility to take all reasonable measures to collect the debt, including making demand for payment upon both the buyer and any guarantor(s).</p> <p>4. Any extension or rescheduling of the due date of an obligation must be approved, in advance and in writing, by the insurer.</p> | DESCRIPTION OF DEFAULT | |
| | <p><u>BUYER NAME AND ADDRESS:</u> (No Abbreviations)</p> | <p><u>Maturity Date(s):</u> <u>No. of Days Overdue:</u></p> |
| | <p><u>SHIPMENT DATE:</u></p> | <p><u>Installment Number(s):</u> _____ of _____</p> <p><u>Payable:</u> M Q S A (Circle One)</p> |
| | <p><u>PRODUCT(S) SHIPPED:</u></p> | <p><u>Total Principal Amount in Default</u></p> |
| | <p><u>NAME(S) OF GUARANTOR(S):</u></p> | <p><u>Total Interest Amount in Default</u> <u>as of Last Maturity Date:</u></p> |
| | <p><u>REASON FOR NON-PAYMENT AND WHAT ACTION TAKEN TO COLLECT</u></p> | |

Name of Insured _____

WHO TO CONTACT:

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| <p>Please send or ask your insurance agent or broker to submit this completed form to EXPORT-IMPORT BANK OF THE U.S. TRADE FINANCE & INSURANCE DIVISION 811 VERMONT AVENUE, NW, WASHINGTON, DC 20571 TEL (202) 565-3400 FAX (202) 565-3684</p> |
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Name of Assignee _____

Notices: The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Ex-Im Bank and its officers and employees are subject to the Trade Secrets Act (18 U.S.C. Sec. 1905) which requires Ex-Im Bank to protect confidential business and commercial information from disclosure, and 12 CFR 404.7 which provides that Ex-Im Bank will not disclose information provided in confidence without the submitter's consent and except as required by law. Ex-Im Bank will endeavor to restrict the disclosure of all information provided in this form, to the fullest extent permissible under federal information disclosure laws including the Freedom of Information Act (5 USC 552), the Privacy Act of 1974 (5 USC 552a), or under any other law or court order.

Public Burden Statement: Reporting for this collection of information is estimated to average 1/4 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048, Washington, D.C. 20503.