**ED FORM 2000** 

Form Under Review

OMB No. 1845-0026 Expiration Date: xx/xx/xxxx

### U. S. Department of Education Federal Family Education Loan Program

Guaranty Agency Financial Report Cover Page

<b>Guaranty Agency</b>	State Name:	
Guaranty Agency	Code:	

**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:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of

information unless such collection displays a valid, OMB control number. The valid OMB control number for this information collection is **1845-0026**. Public reporting burden for this collection of

information is estimated to average 55 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit, as cited in 34CFR682.400. **If you have any comments or concerns regarding the status of your individual submission of this form, please contact:** Guaranty Agency Reporting, U.S. Department of Education, 830 First Street, NE, 5<sup>th</sup> Floor, Washington, D.C. 20202 or email FSA GAR@ed.gov.

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 those instructions carefully before

completing the form.

Guaranty Agency Code:	Guaranty Agency State Name:	OMB No. 1845-0026
For Month Of:/		Expiration Date: xx/xx/xxxx

For Mo	nth Of:/			<b>Expiration Date:</b>	xx/xx/xxxx
ITEM NO.	CATEGORY	AMOUNT DUE TO/(FROM) GUARANTOR	PRINCIPAL AMOUNT	INTEREST AMOUNT	OTHER AMOUNTS
MR-1	Claims Paid	\$			
MR-1-A	Defaults - Net		\$		\$
MR-1-B	Exempt/Lender of Last Resort		\$		
MR-1-C	Death/Disability		\$		
MR-1-D	Closed School/False Certification		\$		
MR-1-E	Bankruptcy		\$		
MR-1-F	Unpaid Refunds		\$		
MR-1-G	Discharges		\$		
MR-2	Borrower Payment Return (Closed School/False Certification)	\$	\$	\$	\$
MR-3	Status Changes	\$			
MR-3-A	Death/Disability		\$	\$	
MR-3-B	Closed School/False Certification		\$	\$	
MR-3-C	Bankruptcy		\$	\$	
MR-4	TOP Overpayments	<b>\$</b>	\$	\$	\$
MR-5	Repurchases - CFY	\$			
MR-5-A	Defaults		\$	\$	\$
MR-5-B	Exempt/Lender of Last Resort		\$		\$
MR-5-C	Death/Disability		\$		\$
MR-5-D	Closed School/False Certification		\$		\$
MR-5-E	Bankruptcy		\$		\$

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For Month Of:/		Expiration Date: xx/xx/xxxx

L OT, IATO	nui Oi:/			Expiration Date	· XX/XX/XXXX
ITEM NO.	CATEGORY	AMOUNT DUE TO/(FROM) GUARANTOR	PRINCIPAL AMOUNT	INTEREST AMOUNT	OTHER AMOUNTS
MR-6	Repurchases - PFY	\$			
MR-6-A	Defaults		\$	\$	\$
MR-6-B	Exempt/Lender of Last Resort		\$		\$
MR-6-C	Death/Disability		\$		\$
MR-6-D	Closed School/False Certification.		\$		\$
MR-6-E	Bankruptcy		\$		\$
MR-7	Partial Refunds -CFY	<b>\$</b>			
MR-7-A	Defaults		\$		
MR-7-B	Exempt/Lender of Last Resort		\$		
MR-7-C	Death/Disability		\$		
MR-7-D	Closed School/False Certification.		\$		
MR-7-E	Bankruptcy		\$		
MR-8	Partial Refunds -PFY	<b>\$</b>			
MR-8-A	Defaults		\$		
MR-8-B	Exempt/Lender of Last Resort		\$		
MR-8-C	Death/Disability		\$		
MR-8-D	Closed School/False Certification.		\$		
MR-8-E	Bankruptcy		\$		
MR-9	Overstated Claims	<b>\$</b>			
MR-9-A	Defaults		\$		
MR-9-B	Exempt/Lender of Last Resort		\$		
MR-9-C	Death/Disability		\$		
MR-9-D	Closed School/False Certification.		\$		
MR-9-E	Bankruptcy		\$		

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	ty Agency Code: Guaranty Ag	ency State Name:			1845-0026
For Moi	nth Of:/			<b>Expiration Date:</b>	XX/XX/XXXX
ITEM		AMOUNT DUE			
NO.	CATEGORY	TO/(FROM)	PRINCIPAL	INTEREST	OTHER
		GUARANTOR	AMOUNT	AMOUNT	AMOUNTS
MR-10	Rehabilitated Loan Refund	\$	\$		

		1			
MR-10	Rehabilitated Loan Refund	S	   <b>S</b>		
MR-10-A	Rehabilitated Loans		¢	¢	¢
WIK-10-A	Reliabilitated Loalis		J.	J.	J .
MR-11	FFEL Consolidation Refund	\$	\$	\$	
MR-11-A	FFEL Consolidation - Payoff		\$	\$	
MR-11-B	FFEL Consolidation - GA Retention		\$	\$	\$
MR-12	GA Administrative Wage Garnishment	\$	\$	\$	\$
MR-12-A	Administrative Wage Garnishment - Total Collected		\$	\$	\$
MR-12-B	Administrative Wage Garnishment - GA Retention	-	\$	\$	\$
MR-13	Default Collections	\$	\$	\$	\$
MR-13-A	Default Collections - Total Collected		\$	\$	\$
MR-13-B	Default Collections - GA Retention	-	\$	\$	\$
MR-14	Bankruptcy Collections	\$	\$	\$	\$
MR-15	Default FFEL Consolidated by DL Fee	\$			
MR-16	Total	\$			

Guaranty Agency Code: _	Guaranty Agency State Name:	OMB No. 1845-0026
For Month Of:/		Expiration Date: xx/xx/xxxx

	ITEM		AMOUNT DUE			
CLIARANTOR AMOUNT AMOUNT AMOUNT	NO.	CATEGORY	TO/(FROM)	PRINCIPAL	INTEREST	OTHER
			GUARANTOR	AMOUNT	AMOUNT	AMOUNTS

### **Non-Payment Activity**

	Non-Payment Activity	 	
	Treasury Offset Program		
MR-17	Treasury Offset	\$ \$	\$
MR-18	Non-Federal Share Offset	\$ \$	\$
MR-19	Treasury Offset Reversals	\$ \$	\$
	Status Changes - Account Balance at Conversion		
MR-20	Default/Lender of Last Resort to Death or Disability	\$ \$	\$
MR-21	Default/Lender of Last Resort to Closed School/		
	False Certification	\$ \$	\$
MR-22	Default /Lender of last Resort to Bankruptcy	\$ \$	\$
MR-23	Bankruptcy to Default/Lender of Last Resort	\$ \$	\$
	Agency Accruals		
MR-24	Collection Terminations	\$ \$	\$
MR-25	Compromises	\$ \$	\$
MR-26	Agency's Accruals	\$	\$
MR-27	Default FFEL Consolidated by Direct Loan Program	\$ \$	\$
MR-28	Subrogated Loans	\$ \$	\$
MR-29	Default Loans Transferred Out	\$ \$	\$
MR-30	Default Loans Transferred In	\$ \$	\$
MR-31	Other Transactions Affecting Federal Receivables	\$ \$	\$
MR-32	Ending Balance on Defaulted Loans	\$ \$	\$
	Delinquency by Debt		
MR-33	Not Delinquent	\$ \$	
MR-34	1 - 90 days	\$ \$	
MR-35	91 - 180 days	\$ \$	
MR-36	181 - 365 days	\$ \$	
MR-37	1 - 2 years	\$ \$	
MR-38	2 - 6 Years	\$ \$	
MR-39	6 - 10 Years	\$ \$	
MR-40	Over 10 Years	\$ \$	
	Bankruptcy		
MR-41	Ending Balance on Bankruptcies	\$ \$	\$
MR-42	Bankruptcies Transferred	\$ \$	\$

\$

First Payment

	ty Agency Code: ( ear End Date:/	Guaranty Agen	cy State Name:			No. 1845-002 ate: xx/xx/xxx	
ITEM		AMOUNT/	CY + 1	CY + 2	CY + 3	CY + 4	CY + 5
NO.	CATEGORY	CY ACTUAL	PROJECTION	PROJECTION	PROJECTION	PROJECTION	PROJECTION
	LOANS IN REPAYMENT						
AR-1	Loans Guaranteed (Except Federal Consolidation)	\$					
AR-2	All Loans Canceled (Except Federal Consolidation)	\$					
AR-3	Federal Consolidation Loans Guaranteed	\$					
AR-4	Federal Consolidation All Loans Canceled	\$					
AR-5	Uninsured Loans	\$					
AR-6	Loans Transferred In	\$					
AR-7	Loans Transferred Out	\$					
AR-8	Default Claims Paid	\$					
AR-9	Bankruptcy Claims Paid	\$					
AR-10	Death and Disability Claims Paid	\$					
AR-11	Closed School/False Certification Claims Paid	\$					
AR-12	Loans Paid in Full	\$					
AR-13	Federal Stafford and Unsubsidized Stafford Interim Loans	\$					
AR-14	Total Loans in Deferment Prior to						

Guaranty Agency Code: \_\_\_\_\_ - Guaranty Agency State Name: \_\_\_\_\_ OMB No. 1845-0026 Fiscal Year End Date: / **Expiration Date:** xx/xx/xxxx **ITEM AMOUNT DUE** NO. **CATEGORY** TO/(FROM) PRINCIPAL **INTEREST** OTHER **GUARANTOR AMOUNT AMOUNT AMOUNTS FEDERAL FUND** Beginning Balance (from 9/30/xx) **AR-15 AR-16** Investment Income \$ \$ \$ \$ Reinsurance from ED **AR-17 AR-18** Collections of Defaulted Loans -Reinsurance Complement \$ \$ \$ \$ \$ \$ \$ **Insurance Premiums** \$ AR-19 AR-20 Other Revenues \$ Claims Expensed to Lenders \$ \$ \$ \$ \$ \$ AR-21 Recall of Federal Funds to the AR-22 Restricted Account \$ \$ \$ \$ \$ \$ AR-23 Transfer to Operating Fund for **Default Aversion** \$ \$ \$ Transfer to Operating Fund for AR-24 Account Maintenance Fee \$ \$ Other Expenses **AR-25** \$ \$ \$ \$ \$ **AR-26 Ending Balance** Amount Transferred from Federal **AR-27** Fund To Operating Fund for Operating Expenses (Repayable) \$ \$ \$ \$ Amount Received from AR-28 Operating Fund to Repay \$ \$ \$ \$ \$ Advance for Operating Expenses **OPERATING FUND** AR-29 Beginning Balance (from 9/30/xx) \$ \$ \$ \$ \$ AR-30 Default Aversion Fee Revenue \$ \$ Loan Processing and Issuance Fee AR-31 \$ \$ \$ Revenue AR-32 Account Maintenance Fee \$ \$ \$ \$ \$ \$ Revenue Received from ED AR-33 Transfer from Federal Fund for Account Maintenance Fee \$ \$

Guaranty Agency Code: \_\_\_\_ - Guaranty Agency State Name: \_\_\_\_ OMB No. 1845-0026
Fiscal Year End Date: \_\_/\_\_ Expiration Date : xx/xx/xxxx

ITEM NO.	CATEGORY	AMOUNT DUE TO/(FROM) GUARANTOR	PRINCIPAL AMOUNT	INTERE AMOU	OTHER AMOUNTS
AR-34	Collections of Defaulted Loans Less Reinsurance Complement	\$ \$	\$ \$		\$ \$
AR-35	Investment Income	\$ \$	\$ \$		\$ \$
AR-36	Other Revenues (FFEL and Non FFEL)				
AR-37	Collections of Defaulted Loans				
	(Secretary's Equitable Share)	\$ \$	\$ \$		\$ \$
AR-38	Operating Expenses	\$ \$	\$ \$		\$ \$
AR-39	Other Expenditures (FFEL &Non-FFEL)	\$ \$	\$ \$		\$ \$
AR-40	Ending Balance	\$ \$	\$ \$		\$ \$
AR-41	Amount Received from Federal				
	Fund for Operating Expenses	\$ \$	\$ \$		\$ \$
AR-42	Amount Repaid to Federal Fund For Operating Expenses	\$ \$	\$ \$		\$ \$

#### RESTRICTED ACCOUNT

AR-43	Beginning Balance (from 9/30/xx)	\$ \$	\$	\$	\$ \$
AR-44	Recall of Federal Funds from				
	Federal Fund	\$ \$	\$	\$	\$ \$
AR-45	Investment Income on Restricted				
	Account	\$ \$	\$	\$	\$ \$
AR-46	Investment Income on Restricted				
	Account Expensed for Default				
	Prevention	\$ \$	\$	\$	\$ \$
AR-47	Ending Balance	\$ S	S	S	\$ S

AR-56

**AR-57** 

Allowances and Other Non-Cash Charges to Federal Fund

Federal Fund Balance

\$

	Guaranty Agency Code: Guaranty Agency State Name: OMB No. 1845-0026 Fiscal Year End Date:/ Expiration Date : xx/xx/xxxx									
ITEM NO.	CATEGORY		AMOUNT DUE TO/(FROM) GUARANTOR	PRINCIPAL AMOUNT	INTEREST AMOUNT	OTHER AMOUNTS				
	BALANCE SHEET SECTIO	N								
AR-48	Cash, Cash Equivalents and Investments	\$								
AR-49	Restricted Account Cash, Cash Equivalents and Investments	\$								
AR-50	Net Investment in Property, Plant, Equipment, and Inventory	\$								
AR-51	Accounts Receivable from ED	\$								
AR-52	Other Assets	\$								
AR-53	Accounts Payable, Accrued Expenses and Other Current Liabilities	\$								
AR-54	Accounts Payable to ED	\$								
AR-55	Other Liabilities	\$								