|  |  |
| --- | --- |
| ***REPORT OF COLLECTION ACTIVITIES ON LIQUIDATION ACCOUNTS*** | |
| **INSTRUCTIONS FOR PREPARATION** | |
| **Purpose:**  Used by FSA Guaranteed Lenders, that have been paid a loss on a loan, to update FSA on actions taken to collect the deficiency in the past year. The form is required to be submitted to the FSA by lenders annually for 3 years after a loss is paid. | |
| **Handbook Reference:**  2-FLP | **Number of Copies:**  Original and one copy |
| **Signatures Required:**  Lender | |
| **Distribution of Copies:**  Original to FSA Servicing Office. Copy retained by lender. | |
| **Automation-Related Transactions: N/A** | |

Contact the State Office if additional guidance is needed.