

RENEWAL STATEMENT FOR MORTGAGE SERVICER LICENSE

**Table I**  
**Licensee Name and NMLS ID #:** \_\_\_\_\_  
**As of June 30, 2025**

If your Company utilizes a licensed sub-servicer (SS), please check the box, & skip to Table V. OR If your company utilizes a Federally insured SS (not licensed by the State of Hawaii) or uses a combination of State & Federal SS, do not check the box. You are required to complete the entire Renewal Statement. Additionally, for Tables I, II, III, & IV, these tables should contain Hawaii-related information for the Federally insured sub-servicer only.

Type and Characteristics of Mortgage Loans	Current - 29 Days		30 - 59 Days		60 - 89 Days		90 - 119 Days		≥ 120 Days		Total Serviced	
	No. Loans	Dollar Amount of Loans (UPB)	No. Loans	Dollar Amount of Loans (UPB)	No. Loans	Dollar Amount of Loans (UPB)	No. Loans	Dollar Amount of Loans (UPB)	No. Loans	Dollar Amount of Loans (UPB)	No. Loans	Dollar Amount of Loans (UPB)
<b>Residential First Mortgages (1-4 Unit Residential ONLY)</b>												
Prime Conforming Fixed												
Prime Conforming ARM												
Prime Non-Conforming (Jumbo) Fixed												
Prime Non-Conforming (Jumbo) ARM												
Government (FHA/VA/RHS) Fixed												
Government (FHA/VA/RHS) ARM												
Other Fixed*:												
Other ARM*:												
<b>Other Mortgages</b>												
Reverse Mortgages												
Closed-End Second Mortgages												
Funded HELOCs												
Construction-Permanent Loans (1-4 Unit Residential ONLY)												
Other 2nd Mortgages												
Other Fixed*:												
Other ARM*:												
<b>Totals:</b>												

\*Identify type and characteristics of mortgage loans.

Note: (1) No. Loans in Total Serviced must equal to No. Loans in Current-29 Days, 30-59 Days, 60-89 Days, 90-119 Days, and ≥ 120 Days columns.  
(2) Dollar Amount of Loans in Total Serviced must equal to Dollar Amount of Loans in Current-29 Days, 30-59 Days, 60-89 Days, 90-119 Days, and ≥ 120 Days columns.

## RENEWAL STATEMENT FOR MORTGAGE SERVICER LICENSE

## Table II

Licensee Name and NMLS ID #: \_\_\_\_\_

**As of June 30, 2025**

[illegible]

## RENEWAL STATEMENT FOR MORTGAGE SERVICER LICENSE

### Table III

Licensee Name and NMLS ID #: \_\_\_\_\_

**As of June 30, 2025**

[illegible]

# RENEWAL STATEMENT FOR MORTGAGE SERVICER LICENSE

**Table IV**

**Licensee Name and NMLS ID #:** \_\_\_\_\_

**As of June 30, 2025**

Foreclosures Commenced as of June 30, 2025 (Report foreclosure actions commenced by June 30, 2025 by type. If "None", indicate accordingly.)	No. of Owner Occupied Loans	No. of Non-Owner Occupied Loans	Total No. of Loans	Total Dollar Amount of Loans (UPB)
Judicial Foreclosures				
Non-Judicial Foreclosures				
Total				

**Table V**

Licensee Name and NMLS ID #: \_\_\_\_\_

Date: \_\_\_\_\_

If your company utilizes a sub-servicer, please complete the "Sub-Servicer" section.

**\*Specific to Hawaii Information only. If none, please indicate in the appropriate section(s).****Please note, a blank document is considered an incomplete form.**

<b><i>Sub-Servicer Section</i></b>	
<b>Name of Sub-Servicer</b>	<b>NMLS ID #</b>

<b><i>Master Servicer Section</i></b>	
<b>Name of Master Servicer</b>	<b>NMLS ID #</b>

# HI - List of Services Provided to Related Companies

Please indicate the mortgage servicing activities conducted by the licensee for its affiliates, subsidiaries, and parent entities only.

If none, indicate accordingly. Please note, a blank document is considered an incomplete form.

Licensee Name and NMLS ID#: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETE AND CURRENT LIST		
Company Name	Type of Relationship	Type of Service Provided

# Licensee's HI - Schedule of Cost and Fees

You are required to complete this "HI – Schedule of Costs and Fees" form for your company regardless if your company utilizes a sub-servicer(s). Please answer Yes or No to asterisk fees.

For example, if you utilize 3 different sub-servicers, you are required to provide 4 separate "HI – Schedule of Costs and Fees" forms. One for each sub-servicer utilized AND one for your company.

Licensee Name and NMLS ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and Current Schedule of Cost and Fees					
* Yes/No Answer is REQUIRED	Yes or No	Frequency	Dollar Amount	Percentage	Or Range
Duplicate 1098*					-
Payoff Statement*					-
Assumption*					-
Modification*					-
Title Transfer*					-
Property Inspection*					-
Insufficient Funds*					-
Photocopy*					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-

Comments:

## Sub-Servicer's HI - Schedule of Cost and Fees

**You are required to complete a separate "HI – Schedule of Costs and Fees" form for each sub-servicer(s) utilized. Please answer Yes or No to asterisk fees. Other fees can be as an attachment.**

*For example, if you utilize 3 different sub-servicers, you are required to provide 3 separate "HI – Schedule of Costs and Fees" forms. One for each sub-servicer utilized. **Copy this form as needed.***

**Sub-Servicer's Name & NMLS ID #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Complete and Current Schedule of Cost and Fees					
<b>* Yes/No Answer is REQUIRED</b>	<b>Yes or No</b>	<b>Frequency</b>	<b>Dollar Amount</b>	<b>Percentage</b>	<b>Or Range</b>
Duplicate 1098*					-
Payoff Statement*					-
Assumption*					-
Modification*					-
Title Transfer*					-
Property Inspection*					-
Insufficient Funds*					-
Photocopy*					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-
Other:					-

Comments: