

**CURRENT CONTACT INFORMATION FORM**

Date and mail or fax form to: Home Warranty Corporation  
Home Owners Warranty Corporation  
HOW Insurance Company  
11401 Century Oaks Terrace, Suite 310  
Austin, Texas 78758  
Fax: (512) 404-6530

**ORIGINAL PAYEE name, as in receivership records:** \_\_\_\_\_

\_\_\_\_\_ (e.g., the name to whom the receivership mailed a letter)

**CURRENT PAYEE name (if different from ORIGINAL PAYEE):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, state the reason(s) why CURRENT PAYEE is the legal successor or partial legal successor of the ORIGINAL PAYEE (e.g., name change, successor by dissolution or merger, and/or heir by will or intestacy): \_\_\_\_\_.  
If there is more than one CURRENT PAYEE, each should submit a separate Current Contact Information Form.

**PERCENTAGE for which the CURRENT PAYEE submitting this form is the legal successor of the ORIGINAL PAYEE (e.g., 100%, 50%):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Old Address:** \_\_\_\_\_  
(If Applicable)

\_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Current Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
Date

If you have questions, you may call us at (512) 404-6555.