

CURRENT CONTACT INFORMATION FORM

Sign, date, and mail or fax form to: HOME WARRANTY CORPORATION IN RECEIVERSHIP
C/O PALOMAR FINANCIAL LC
11401 CENTURY OAKS TER STE 310
AUSTIN TX 78758-8702
Fax: (512) 404-6530
Telephone: (512) 404-6555 (M-F, 8 am - 5 pm Central Time)

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: _____

Signature

Date