## HOW INSURANCE COMPANY, A RISK RETENTION GROUP HOME WARRANTY CORPORATION, AND HOME OWNERS WARRANTY CORPORATION

#### IN RECEIVERSHIP

P.O. Box 1557 Tucker, Georgia 30085-1557

| For Office Use Only POC#                      | Proof of Claim                          | Filing Deadline January 12, 2009      |
|---|---|---------------------------------------|
| Please carefully read the <i>Proof of Cla</i> | aim Instructions. Please print or type. |                                       |
|   |   | _ \$                                  |
| Name of Claimant                              |   | Total Amount of Claim                 |
| Street Address                                |   | Telephone                             |
| City State                                    | Zip                                     | Soc. Sec. or Tax I.D. No.             |
| Explanation of Claim:                         |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
|   |   | Attach additional pages if necessary. |
|   |   | For Office Use Only                   |
|   |   |                                       |
|   | Suffix                                  |                                       |
|   | HOW#                                    |                                       |

Unless noted herein: I alone am entitled to file this claim. No others have an interest in this claim. No payments have been made on the claim. No third party is liable on this debt. The sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim and all documents attached to this form are true, complete, and correct.

HOW Proof of Claim Page 1 of 6

## FOR AN INDIVIDUAL:

|  | Signature                                  |                         |
|--|--|-------------------------|
|  | Print Name                                 |                         |
| State of   |  |                         |
| County of  |  |                         |
| The foregoing instrument was acknowledge by, who ha □ is personally known to me or who □ has produce | as executed this instrument on such indivi | idual's own behalf, who |
|  | Notary Public Printed Name:                |                         |
|  | My Commission Expires:                     |                         |

(NOTARY SEAL)

CONTINUE TO NEXT PAGE IF THIS CLAIM IS FILED OTHER THAN IN AN INDIVIDUAL CAPACITY.

HOW Proof of Claim Page 2 of 6

## FOR A CORPORATION OR LIMITED LIABILITY COMPANY:

|  | Signature                          |                                     |
|--|------------------------------------|-------------------------------------|
|  | Print Name                         |                                     |
|  | Title                              |                                     |
| State of   |                                    |                                     |
| County of  |                                    |                                     |
| The foregoing instrument was acknowledged b  | efore me this day of               | , 20,                               |
| by (name of conficer or member/manager) of   |                                    |                                     |
| or limited liability company), a   |                                    |                                     |
| incorporation or legal organization), who executed thi known to me or who □ has produced a driver's licens | s instrument on behalf of the said | entity, who $\square$ is personally |
|  | Notary Public                      |                                     |
|  | Printed Name:                      |                                     |
|  | My Commission Expires:             |                                     |
|  |                                    |                                     |

(NOTARY SEAL)

CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR A CORPORATION OR LIMITED LIABILITY COMPANY.

HOW Proof of Claim Page 3 of 6

## FOR A PARTNERSHIP:

|   | Signature                             |                       |      |
|---|---------------------------------------|-----------------------|------|
|   | Print Name                            | <u> </u>              |      |
|   | Title                                 |                       |      |
| State of  |                                       |                       |      |
| County of   |                                       |                       |      |
| The foregoing instrument was acknowledged by(name of part   | before me this<br>ner), as partner of | day of                | , 20 |
| (describe name of partnership), a partnership, who executed this instrument on behalf  ☐ has produced a driver's license or other informati | of the partnership,                   | who □ is personally k |      |
|   | Notary Pub<br>Printed Na              | olic<br>me:           |      |
|   | My Comm                               | ission Expires:       |      |

(NOTARY SEAL)

# CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR A PARTNERSHIP.

HOW Proof of Claim Page 4 of 6

## FOR AN UNINCORPORATED BUSINESS ASSOCIATION OR TRUST:

|             | Signature  |
|-------------|--|
|             | Print Name   |
|             | Title  |
| State of    | of   |
| Count       | y of   |
| a<br>organi | The foregoing instrument was acknowledged before me this |
|             | Notary Public Printed Name:  My Commission Expires:      |

(NOTARY SEAL)

CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR AN UNINCORPORATED BUSINESS ASSOCIATION OR TRUST.

HOW Proof of Claim Page 5 of 6

## FOR A PUBLIC OFFICER, TRUSTEE, EXECUTOR, ADMINISTRATOR, GUARDIAN, OR OTHER AUTHORIZED REPRESENTATIVE:

|  | Signature  |   |                     |
|--|--|---|---------------------|
|  | Print Nam  | e   |                     |
|  | Title  |   |                     |
| State of   |  |   |                     |
| County of  |  |   |                     |
| The foregoing instrument was ackr  | nowledged before me this (name of representative), | day ofas  | , 20, title of      |
| representative) ofexecuted this instrument on behalf of the sa has produced a driver's license or other. | (describe  | e name of entity or perso<br>d, who □ is personally k | n represented), who |
|  |  |   |                     |
|  | Notary Pu  |   |                     |
|  |  | ame:  |                     |

(NOTARY SEAL)

END OF PROOF OF CLAIM FORM.

HOW Proof of Claim Page 6 of 6