## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001235

Entity Name: KB HOME INSURANCE AGENCY INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business: 6351 OWENS MOUTH, #101 WOODLAND HILLS, CA 91367				New Principal Place of Business:				
Current Mailing Address:				New Mailing Address:				
10990 WILSHIRE BLVD 7TH FLOOR, TAX DEPT. LOS ANGELES, CA 90024								
FEI Number: 95-3206403 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US								
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE:								
Electronic Signature of Registered Agent						Date		
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		( ) Delete ERLY N :HIRE BLVD 9TH FLOOR ES, CA 90024	N A	ddress:	RICHELIEU, TO	RE BLVD 9TH FLOOR		
Title: Name: Address: City-St-Zip:	10990 WILS	( ) Delete , WILLIAM R HIRE BLVD 9TH FLOOR ES, CA 90024	N A	ddress:	HOLLINGER, W	RE BLVD 7TH FLOOR		
Title: Name: Address: City-St-Zip:		( ) Delete NUS ARD STREET, SUITE 300 ) HILLS, CA 91367	N A	lame: .ddress:	BUTKYS, LINUS 6351 OWENSM	Change ( ) Addition S IOUTH AVE., STE. 101 LLS, CA 91367		
Title: Name: Address: City-St-Zip:		( ) Delete CHARD HIRE BLVD 9TH FLOOR ES, CA 90024	N A	itle: lame: .ddress: city-St-Zip:	SILVER, RICHÁ	RE BLVD 9TH FLOOR		
Title: Name: Address: City-St-Zip:		( ) Delete ELLY HIRE BLVD 9TH FLOOR ES, CA 90024	N A	itle: lame: .ddress: city-St-Zip:	ALLRED, KELL	RE BLVD 5TH FLOOR		
Title:	AS	( ) Delete	Ti	ïtle:	AS (X)	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COHEN, CORY F

LOS ANGELES, CA 90024

10990 WILSHIRE BLVD., 5TH FLOOR

SIGNATURE: CORY F. COHEN AS 04/17/2006

COHEN, CORY F

LOS ANGELES, CA 90024

10990 WILSHIRE BLVD., 7TH FLOOR

Name:

Address:

City-St-Zip: