

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001235

Entity Name: KB HOME INSURANCE AGENCY INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

6351 OWENSMOUTH AVENUE, #101
WOODLAND HILLS, CA 91367

New Principal Place of Business:

6351 OWENSMOUTH AVE., STE. 101
WOODLAND HILLS, CA 91367

Current Mailing Address:

10990 WILSHIRE BLVD
5TH FLOOR, TAX DEPT.
LOS ANGELES, CA 90024

New Mailing Address:

FEI Number: 95-3206403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: RICHELIEU, TONY
Address: 10990 WILSHIRE BLVD 9TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: P () Delete
Name: HOLLINGER, WILLIAM R
Address: 10990 WILSHIRE BLVD 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: SVP () Delete
Name: BUTKYS, LINUS
Address: 6351 OWENSMOUTH AVE., STE. 101
City-St-Zip: WOODLAND HILLS, CA 91367

Title: SVP () Delete
Name: SILVER, RICHARD
Address: 10990 WILSHIRE BLVD 9TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: VPT () Delete
Name: MASUDA, KELLY
Address: 10990 WILSHIRE BLVD 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: AS () Delete
Name: COHEN, CORY F
Address: 10990 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CORY F. COHEN

AS

02/04/2009

Electronic Signature of Signing Officer or Director

Date