

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001235

FILED
Apr 11, 2011
Secretary of State

Entity Name: KB HOME INSURANCE AGENCY INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

10990 WILSHIRE BLVD
5TH FLOOR
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

OFFICERS AND DIRECTORS:

Title: P
Name: CRIVELLI, MARK A
Address: 10990 WILSHIRE BLVD 9TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: VP/T
Name: HOLLINGER, WILLIAM R
Address: 10990 WILSHIRE BLVD 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: AS
Name: COHEN, CORY F
Address: 10990 WILSHIRE BLVD, FL 7
City-St-Zip: LOS ANGELES, CA 90024

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

Title: AS
Name: SIMONS, DAVID B
Address: 10990 WILSHIRE BLVD 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: VP
Name: BLAND, DONNA
Address: 6351 OWENSMOUTH AVE, STE 101
City-St-Zip: WOODLAND HILLS, CA 91367

I hereby 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 all other like empowered.

SIGNATURE: CORY F. COHEN

AS

04/11/2011

Electronic Signature of Signing Officer or Director

Date