

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001235

Entity Name: KB HOME INSURANCE AGENCY INC.

Current Principal Place of Business:

7TH FLOOR 10990 WILSHIRE BOULEVARD
LOS ANGELES, CA 90024

Current Mailing Address:

10990 WILSHIRE BLVD
SUITE 700
LOS ANGELES, CA 90024 US

FEI Number: 95-3206403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title PRESIDENT
Name CRIVELLI, MARK
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title VP, ASST. SECRETARY
Name HOLLINGER, WILLIAM R
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title ASST. SECRETARY
Name COHEN, CORY F
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title SECRETARY
Name RICHELIEU, TONY
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title ASST. SECRETARY
Name SIMONS, DAVID B
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title VP
Name SILVER, RICHARD
Address 7TH FLOOR 10990 WILSHIRE
 BOULEVARD
City-State-Zip: LOS ANGELES CA 90024

Title ASSISTANT SECRETARY
Name DARROW, PHILIP
Address 10990 WILSHIRE BLVD
 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

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: TONY RICHELIEU

ANNUAL REPORT SIGNER 04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date