

**2022 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	Title	VP, ASST. SECRETARY, DIRECTOR
Name	CRIVELLI, MARK	Name	HOLLINGER, WILLIAM R
Address	10990 WILSHIRE BLVD 7TH FLOOR	Address	10990 WILSHIRE BLVD 7TH FLOOR
City-State-Zip:	LOS ANGELES CA 90024	City-State-Zip:	LOS ANGELES CA 90024
Title	ASST. SECRETARY, DIRECTOR	Title	SECRETARY
Name	COHEN, CORY F	Name	RICHELIEU, TONY
Address	10990 WILSHIRE BLVD 7TH FLOOR	Address	10990 WILSHIRE BLVD 7TH FLOOR
City-State-Zip:	LOS ANGELES CA 90024	City-State-Zip:	LOS ANGELES CA 90024
Title	ASST. SECRETARY	Title	ASSISTANT SECRETARY
Name	SIMONS, DAVID B	Name	DARROW, PHILIP
Address	10990 WILSHIRE BLVD 7TH FLOOR	Address	10990 WILSHIRE BLVD 7TH FLOOR
City-State-Zip:	LOS ANGELES CA 90024	City-State-Zip:	LOS ANGELES CA 90024
Title	ASSISTANT SECRETARY	Title	ASSISTANT SECRETARY
Name	GRANATH, ELAINE	Name	DOUGLASS, MATTHEW
Address	7TH FLOOR 10990 WILSHIRE BOULEVARD	Address	7TH FLOOR 10990 WILSHIRE BOULEVARD
City-State-Zip:	LOS ANGELES CA 90024	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

**AUTHORIZED PERSON**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date