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AGDMichael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
5/10/2023 8:48 AM  
Fee Receipt: \$0.00**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov**Statement of Resignation of Registered Agent** **SRA**  
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **PARACORP INCORPORATED**, do hereby

- ☒ resign as registered agent; and/or  
☒ discontinue the registered office address

2. The business entity which I am resigning from is **MGM INSURANCE SERVICES, LLC**  
(The name must be identical to the name on record with the Secretary of State.)

3. The business is:
- 
- ☐ a corporation (KRS 271B, KRS 273 or KRS 274);  
☒ a limited liability company (KRS 275);  
☐ a limited partnership (KRS 362);  
☐ a limited liability partnership (KRS 362); or  
☐ a business trust (KRS 386)

4. The business entity was organized and existing in the state or country of **KENTUCKY**.

5. The mailing address of the resigning agent:

**828 LANE ALLEN ROAD SUITE 219 LEXINGTON KY 40504**  
Street Address or Post Office Box Numbers City State Zip6. The agency appointment shall be terminated and the registered office discontinued, if so provided, on the 31<sup>st</sup> day after the date on which the statement is filed.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Abigale Peterson, Asst. Secretary 05/08/2023

Signature of Registered Agent

Printed Name

Date

for Paracorp Incorporated