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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W16000018323						

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11/18/16--01017--005 **125.00



O SIMMONS

January 10, 2017

Via FedEx

Division of Corporations Registration Section – Clifton Bldg. 2661 Executive Center Circle Tallahassee, FL 32301

RE: ZNA Services, LLC Ref. Number W16000078323

Dear Octavia Simmons,

Enclosed are the following documents for our ZNA Services, LLC as referenced in your letter:

- Certificate of Existence (Good Standing)
- Completed Application for Certificate of Authority of Limited Liability Company
- Officers and Directors List

Phyllis Hollerbach

If you have any questions or require further information, please contact me.

Sincerely,

Phyllis Hollerbach Regulatory Analyst

60196-1056

Regulatory Services

www.zurichna.com

Phyllis Hollerbach

Regulatory Analyst

1299 Zurich Way Schaumburg, Illinois

Direct Phone (847) 240-4433

phyllis.hollerbach@zurichna.com



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	ZNA Services, LLC CT:						
	Name of Limited Liability Company						
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;" Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please	eturn all correspondence concerning this matter to the following:						
	Phyllis Hollerbach						
	Name of Person						
	Zurich North America Firm/Company						
	1299 Zurich Way						
	Address						
	Schaumburg, IL 60196						
	City/State and Zip Code						
	phyllis.hollerbach@zurichna.com						
	E-mail address: (to be used for future annual report notification)						
For fur	her information concerning this matter, please call:						
	Phyllis Hollerbach 847 240-4433 at (
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Enclos	d is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy						

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ZNA Services, LLC (Name of Fore	ign Limited Liability Company; mus	t include "	Limited	Liability Company," "L.L	.C.," or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C.	ternate name adopted for the purpose	of transac	ting busi	ness in Florida. The altern	nate name must include "Limited
Delaware	UI ELC.)	1	02	-0802795	
	of which foreign limited liability	ے. ۔۔۔	<u> </u>	-0802795 (FEI number, if app	olicable)
NI/A					
4. 19/2	(Date first transacted busines	s in Florid	la. if prio	r 10 registration.)	<u> </u>
5. 1299 Zurich Way	(Sec sections 605.0904 & 605.0	0905, F.S.	to determ	шпе репану паонну)	
Schaumburg, IL 60196					
	(Street Address of P	rincipal O	ffice)	· · · · · · · · · · · · · · · · · · ·	
6. 1299 Zurich Way					🖔 🕇
Schaumburg, IL 60196					SIGN OF THE
· · · · · · · · · · · · · · · · · · ·	(Mailing A	ddress)			
7. Name and street address	s of Florida registered agent: (P.0	O. Box N	OT acc	eptable)	
Name:	Corporation Service Company				意式で
	1201 Hays Street				TILED 17 JAN II PH 3: II JIVISION OF BRANCHISH
Office Address:					
	Tallahassee (City)			, Florida 32301 (Zip co	
Registered agent's accept				(Zip cc	Aic)
designated in this applicat		nent as re	egistere	d agent and agree to ac	ed liability company at the place et in this capacity. I further agree · duties, and I am familiar with and
	ny position as registered agent.		u compi	ere perjormance of my	autica, and I am jamiliar min and
	(\frac{1}{2}				
	(Registe	red agent'	s signatu	re) Janet Budhu, Asst.	. Vice President
8. The name, title or capa	city and address of the person(s)	who bas/b	iave auti	nority to manage is/are:	
Please see attached Direct				, ,	•
		<u> </u>			
	of existence, no more than 90 day				
of the translator must be sy	which it is organized. (If the centre)	THEATE IS	ь ш и ю	eign ianguage, a transia	mon of the certificate finder oath
	11/2				
	Signature of	of an autho	rized per	son	
This document is executed	in accordance with section 605.02	203 (1) (b), Florio	La Statutes. I am aware t	that any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Dennis F. Kerrigan, Jr.

ZNA SERVICES, LLC

Shareholder:

ZFUS Services, LLC

Incorporated:

02/27/2007 Delaware

Administrative Home Office:

1299 Zurich Way, Schaumburg, IL 60196

Statutory Home Office:

1299 Zurich Way, Schaumburg, IL 60196

Federal Tax ID:

02-0802795

Capital:

NAME 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TITLE AND THE STATE OF THE STAT	ADDRESS
Michael T. Foley	Chief Executive Officer	One Liberty Plaza, New York, NY 10006
Dalynn J. Hoch	Chief Financial Officer	1299 Zurich Way, Schaumburg, IL 60196
Nancy D. Mueller	President	One Liberty Plaza, New York, NY 10006
Dennis F. Kerrigan, Jr.	Corporate Secretary	1299 Zurich Way, Schaumburg, IL 60196
Robert J. Burne	Treasurer	1299 Zurich Way, Schaumburg, IL 60196
Paul Noffke	Vice President of Operations	1299 Zurich Way, Schaumburg, IL 60196
Colleen Margaret Zitt	Vice President	1299 Zurich Way, Schaumburg, IL 60196
Robert Boyle	Vice President	1299 Zurich Way, Schaumburg, IL 60196
Richard J. Hauser	Vice President	1299 Zurich Way, Schaumburg, IL 60196
Ryan Gibbons	Assistant Secretary	1299 Zurich Way, Schaumburg, IL 60196

H JAN II PH 3: II

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZNA SERVICES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTIETH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZNA SERVICES,
LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2007.

Authentication: 203552560

Date: 12-20-16

4308062 8300 SR# 20167059467

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS: INTHE STATE OF FLORIDA:

ZNA Services, LLC				
(Name of Fore	eign Limited Liability Company; must i	include "Limited Liab	oility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company." "L.L.C.	Iternate name adopted for the purpose of "LLC.")	of transacting busines	s in Florida. The alternate na	ne must include "Limited
2. Delaware		$_{3}$ 02-0	9802795 (FEI number, if applicable	
(Jurisdiction under the law company is organized)	of which foreign limited liability	•	(FEI number, if applicable)
4. N/A				
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to	registration.)	_
5. 1299 Zurich Way	(Backsoutha dostos 94 & bestos		positing maximity,	
Schaumburg, IL 60196	5			
<u> </u>	(Street Address of Prin	ncipal Office)		
6. 1299 Zurich Way				
Schaumburg, IL 60196	5			
	(Mailing Ad	dress)		_
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT accept	able)	
Name:	Corporation Service Company			
	1201 Hays Street		-	
Office Address:			_	
	Tallahassee		, Florida 32301 (Zip code)	_
Registered agent's accept	(City)		(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered ascent. (Registere	ent as registered ag	gent and agree to act in th performance of my duties	is capacity. I further agree s, and I am familiar with and >
8. The name, title or capa-	ecity and address of the person(s) wh	ho has/have authori	ty to manage is/are:	
Please see attached Directo	ors and Officers List			
				·
······			·	*******
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the certification)	old, duly authenticate is in a foreig	ated by the official having n language, a translation o	custody of records in the f the certificate under oath
	Signature of	an authorized person		_
This document is executed	in accordance with section 605.020	3 (1) (b), Florida S	tatutes. I am aware that any	y false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Dennis F. Kerrigan, Jr.