

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006100

**Entity Name:** NWM ZOM GP, LLC

**Current Principal Place of Business:**

C/O NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY  
720 EAST WISCONSIN AVENUE SUITE S650  
MILWAUKEE, WI 53202

**Current Mailing Address:**

C/O NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY  
720 EAST WISCONSIN AVENUE SUITE S650  
MILWAUKEE, WI 53202 US

**FEI Number:** 90-0776267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name THE NORTHWESTERN MUTUAL LIFE  
INSURANCE COMPANY  
Address C/O NORTHWESTERN MUTUAL LIFE  
INSURANCE COMPANY  
720 EAST WISCONSIN AVENUE SUITE  
S650  
City-State-Zip: MILWAUKEE WI 53202

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THE NORTHWESTERN MUTUAL LIFE INSURANCE MEMBER  
COMPANY

02/25/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date