Payment to Agency Re	port A	Public Documer	nt	PAYMENT TO AGENCY REPORT		
1. Agency Name			Date Stamp	California QO4		
California Department of Ins	urance		*	Form OUI		
Division, Department, or Reg	on (if applicable)		For Official Use Only			
Street Address			-			
300 Capitol Mall, 16th Floor						
Area Code/Phone Number	Email	V	Amondment (cyclein	in comment and ion)		
916-492-3595 camilo.pizarro@insurance.ca.gov			Amendment (explain in comment section)			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)		
Camilo Pizarro, Manager				(month, day, year)		
2. Donor Name and Addres	SS		percent south to see over	90°000 50°00 10 18		
☐ Individual			er	of Insurance Commission		
Last Name	First Nam	e	MO	Name 64106		
1100 Walnut Street, Suite 1		Kansas City	State	Zip Code		
The National Association of		Water and the same of the same		V 200		
If "Other" is marked, describe the entity's	5 M 100		. standard setting and	(300 attachment one)		
II Other is marked, describe the entry t	r basiness activity (ii basiness)	or no rickers and misrosic.				
If applicable, id	dentify the name of each	source and the amount(s) received by the donor for	this payment:		
A	\$			\$		
Name 3. Payment Information (C	19425.9	nount	Name	Amount		
Transportation Provider \$ \$ Lodging Expenses		Air Bus A Check Applicable Boxes \$	\$Other Expenses	Name of Lodging Facility \$ Total Expenses		
3.1 (b) Payment(s) not rel	ated to travel:	n/a	\$ 0.00			
			th, day, year)	Total Expenses		
3.2. Payment Description	Provide a specific	description of the pay	ment and its agency p	urpose and use.		
n/a						
3.3. Identify the officials v	vho used the payme	nt in Section 3.1 (See in	structions)			
Please see attachment two						
Last Name	First Name		Position/Title	Department/Division		
Last Name	First Name		Position/Title	Department/Division		
Last Hamo	Hot Hame		T GOLIGITY NAG	Dopartino no Division		
4. Verification			nandos um la Maria (en de terra de la media (en de de terra de la maria de la maria de la maria de la maria de			
I authorized the acceptance	of the reported navm	ent(s) as in compliance	with EDDC regulations			
Tauthorized the acceptance		20 NSA 20 I	1750 100 Maria - 100 Maria 1700	nacia 09/01/16		
Signature	Geoffrey Marg	nt Name	eputy Commissioner & S	08/01/16 (month, day, year)		
O Sylvania	3 40	annar amhlaith	3349.To	(omi, day, your)		
Comment:						
(Use this space or an attachment	or any additional information	on)		FPPC Form 801 (Jan/14)		

Clear Page

advice@fppc.ca.gov

Attachment One

California Form 801 - #2

The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.

California, as the largest insurance market in the nation, plays a significant role in helping shape NAIC model laws and regulatory policy. Doing so involves active participation in NAIC National Meetings and conference calls with regulators from other states. In this regard, California serves as Chair, Vice Chair and/or Member on approximately 115 out of the 161 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 46 other bodies.

National Association of Insurance Commissioners (NAIC) Meeting Payment Information (Attachment Two)

#	Meeting or Event Name/Location	Travel Dates	Traveler's Name/Title	Transportation Provider	Airfare	Lodging	Meals	Other Expenses	Total Expenses
1	2016 NAIC Spring National Meeting Sheraton New Orleans New Orleans, LA	•	Geoffrey Margolis, Deputy Commissioner & Special Counsel Office of the Special Counsel	Southwest Airlines	\$770.85	\$1,076.92	\$126.00	\$45.36 (Mileage), \$36 (Taxi)	\$2,055.13
2	Covered Agreement Meeting Courtyard Marriott Washington DC		John Finston, General Counsel Legal Branch	United Airlines	\$1,347.20	\$1,118.67	\$146.00	\$85.86 (Shuttle/Taxi), \$27 (Mileage), \$5 (Bridge Toll), \$15 (Incidentals)	\$2,744.73

TOTAL:

\$4,799.86