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	eport A Put			MENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California OO4
California Department of In	surance		Form OU	
Division, Department, or Region (if applicable)			1 [For Official Use Only
Street Address			-	
300 Capitol Mall, 16th Floor	r			
Area Code/Phone Number	Email			
916-492-3595	camilo.pizarro@insurance	C2 00V	Amendment (explain in co	omment section)
	canno.pizarro@insurance	.ca.yov	Date of Original Filing:	
Agency Contact (name and title)				(month, day, year)
Camilo Pizarro, Manager				
2. Donor Name and Addre	SS			
🗌 Individual		I Other	National Association of	Insurance Commissi
Last Name	First Name		Nam	
1100 Walnut Street, Suite 1		is City	MO	64106
Address	City		State	Zip Code
	f Insurance Commissioners	S655 (5	standard-setting and (se	ee attachment one)
If "Other" is marked, describe the entity	's business activity (if business) or its na	ture and interests.		
If applicable, i	identify the name of each sourc	e and the amount(s) r	eceived by the donor for this	payment:
			,	
Name	\$ Amount		Name	\$ Amount
Transportation Provider	Meal Expenses Transp	Bus Aut pplicable Boxes	Other Expenses \$	e of Lodging Facility Total Expenses
n/a	 Provide a specific descr 	iption of the paym	ent and its agency purp	
n/a	who used the payment in S	Section 3.1 (See instru		
n/a 3.3. Identify the officials of Please see attachment two	who used the payment in S	Section 3.1 (See instru-	uctions)	ose and use.
n/a 3.3. Identify the officials of Please see attachment two Last Name Last Name	who used the payment in S First Name	Section 3.1 (See instru-	uctions) sition/Title	Department/Division
n/a 3.3. Identify the officials of Please see attachment two Last Name Last Name 4. Verification	who used the payment in S First Name	Section 3.1 (See instru- Pos	uctions) sition/Title	Department/Division
n/a 3.3. Identify the officials of Please see attachment two Last Name Last Name 4. Verification	who used the payment in S First Name First Name	Section 3.1 (See instru- Pos	uctions) sition/Title	Department/Division
n/a 3.3. Identify the officials of Please see attachment two Last Name Last Name 4. Verification	who used the payment in S First Name First Name	Section 3.1 (See instru- Pos Pos as in compliance w	uctions) sition/Title sition/Title	Department/Division
n/a 3.3. Identify the officials of Please see attachment two Last Name Last Name Last Name I. Verification I authorized the acceptance	First Name First Name First Name Geoffrey Margolis	Section 3.1 (See instru- Pos Pos as in compliance w	uctions) sition/Title sition/Title rith FPPC regulations. uty Commissioner & Spec	Department/Division

FPPC Form 801 (Jan/14) advice@fppc.ca.gov



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 83 out of the 126 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 43 other bodies.

National Association of Insurance Commissioners (NAIC) Meeting Payment Information

#	Meeting or Event Name/Location	Travel Dates	Traveler's Name/Title	Transportation Provider	Airfare	Lodging	Meals	Other Expenses	Total Expenses
1	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 19-22, 2018	Allison Castro, Deputy Press Secretary Communications and Press Relations	Southwest	\$493.10	\$501.96	\$112.00	\$82.60 (Taxi)	\$1,189.66
2	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 17-20, 2018	Troy Dickinson, Manager Producer Licensing Division	Southwest	\$542.60	\$501.96	\$134.00	\$42.51 (Mileage), \$68.17 (Taxi)	\$1,289.24
3	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 18-22, 2018	Annette Fortman, Bureau Chief Rating and Underwriting Services Bureau	Southwest	\$524.60	\$669.28	\$145.00	\$18 (Taxi)	\$1,356.88
4	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 17-22, 2018	Luciano Gobbo, Division Chief Statistical Analysis Division	Southwest	\$450.10	\$836.60	\$148.86	\$19.12 (Taxi)	\$1,454.68
5	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 17-22, 2018	James Scott McNamara, Bureau Chief Fraud Liaison Bureau	United	\$514.01	\$836.60	\$194.00	\$108.01 (Taxi)	\$1,652.62
6	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 18-22, 2018	David Noronha, Division Chief Information Technology Division	Southwest	\$963.23	\$669.28	\$182.00	\$27.03 (Mileage), \$50 (Parking), \$57.43 (Taxi)	\$1,948.97
7	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 18-22, 2018	Harry O'Laughlin, Chief Information Security Office	Delta	\$444.50	\$669.28	\$187.00	\$29.98 (Mileage), \$93.83 (Taxi), \$50 (Baggage)	\$1,474.59
8	2018 NAIC Insurance Summit Sheraton Kansas City, MO	June 17-21, 2018	John Said, Analyst Rate Filing Bureau	Alaska	\$379.40	\$669.28	\$198.00	\$17.44 (Mileage), \$36.58 (Taxi), \$50 (Baggage)	\$1,350.70
9	Financial Regulator Training NAIC Office Kansas City, MO	June 25-28, 2018	Kevin Situ, Insurance Examiner Financial Analysis Division	Delta	\$332.40	\$430.35	\$78.00	\$169.06 (Taxi),	\$1,009.81

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#	Meeting or Event Name/Location	Travel Dates	Traveler's Name/Title	Transportation Provider	Airfare	Lodging	Meals	Other Expenses	Total Expenses
10	Financial Regulator Training NAIC Office Kansas City, MO	June 25-28, 2018	Man Yu Guan, Insurance Examiner Field Examination Division	Alaska	\$383.40	\$416.94	\$112.00	\$15.53 (Mileage), \$28.63 (Taxi), \$25 (Baggage), \$15 (Incidentals)	\$996.50
. 11	2018 NAIC Summer National Meeting Marriott Copley Place Boston, MA	Aug 3-7, 2018	Geoffrey Margolis, Deputy Commissioner Office of the Special Counsel	United/Jetblue	\$1,042.78	\$1,308.15	\$137.00	\$23.27 (Mileage), \$50 (Parking), \$63.45 (Taxi), \$75 (Baggage)	\$2,699.65

National Association of Insurance Commissioners (NAIC) Meeting Payment Information

TOTAL: \$16,423.30