# Payment to Agency Report

**A Public Document**

PAYMENT TO AGENCY REPORT

**California Form 801**

For Official Use Only

Date Stamp

## 1. Agency Name

California Department of Insurance

**Division, Department, or Region** (if applicable)

**Street Address**

300 Capitol Mall, 16th Floor

**Area Code/Phone Number**

916-492-3675

**Email**

Kathryn.Taras@insurance.ca.gov

**Agency Contact** (name and title)

Kathryn Taras, Manager II

☐ **Amendment** (explain in comment section)

**Date of Original Filing:** _____ (month, day, year)

## 2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Association of Insurance Supervisors of Latin (Name)

Avenida Libertador Bernardo O'Higgins 1449 (Address) Santiago (City) Chile (State) (Zip Code)

See Attachment One

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

**3.1 (a) Travel Payment**

San Jose, Costa Rica (Location of Travel)

May 2-3, 2023 (Dates (month, day, year))

_____ (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $99.50 (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $99.50 (Total Expenses)

**3.1 (b) Payment(s) not related to travel:**

n/a (Dates (month, day, year)) $ 0.00 (Total Expenses)

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**

Lunch was provided on May 2 and 3, 2023 , as well as dinner on My 3, 2026 during the XXI ASSAL-IAIS Annual Conference.

**3.3. Identify the officials who used the payment in Section 3.1** (See instructions)

| Last Name | First Name | Position/Title | Department/Division |
|---|---|---|---|
| Lara | Ricardo | Insurance Commissioner | CA Department of Insurance |
| | | | |

## 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Martinez, Michael (Signature) Digitally signed by Martinez, Michael Date: 2026.09.03 11:03:37 -07'00' | Michael Martinez (Print Name) | Chief Deputy Commissioner (Title) | 09/03/26 (month, day, year)

Comment: N/A

(Use this space or an attachment for any additional information)



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California Form 801- #2

The Association of Insurance Supervisors of Latin America (ASSAL) brings together the highest-level insurance supervisory authorities from 22 countries—19 Latin American nations and three affiliated members (Spain, Portugal, and the United States). As a regional association founded on principles of cooperation and shared regulatory objectives, ASSAL seeks to elevate the standards of insurance supervision across its jurisdiction. It accomplishes this by facilitating information exchange on legislation, regulatory controls, market practices, and operational systems, ultimately shaping a cohesive and effective insurance regulatory environment throughout the region.

ASSAL advances these objectives by organizing regional seminars, annual assemblies, and high-level conferences—often in partnership with international bodies such as the IAIS and the Financial Stability Institute. These initiatives focus on emerging supervisory challenges, including climate-related risks, disaster preparedness, and digital resilience, helping members build technical capacity and strengthen insurance oversight throughout the region.