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 International Association of Insurance Supervi (Name)

Centralbahnplatz 2 (Address) Basel (City) Switzerlan (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

Basel, Switzerland (Location of Travel) March 11, 2024 (Dates (month, day, year))

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

$_____ (Lodging Expenses) $125.00 (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $125.00 (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.

Dinner was provided on June 19, 2024 during the 2024 International Association of Insurance Supervisors Committee Meetings.

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.

Signature	Print Name	Title	(month, day, year)
Martinez, Michael Digitally signed by Martinez, Michael Date: 2026.09.03 11:02:16 -07'00'	Michael Martinez	Chief Deputy Commissioner	09/03/26

Comment: N/A

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

Clear Page Print Form

California Form 801- #2

The International Association of Insurance Supervisors (IAIS) is the global standard-setting body for insurance regulation, comprising members from more than 200 jurisdictions and representing the vast majority of global insurance premiums. Its core mandate is to develop and support the implementation of internationally consistent supervisory standards that promote fair, safe, and stable insurance markets, while also contributing to global financial stability. The IAIS proactively monitors emerging trends affecting the insurance sector and provides guidance to help supervisors address evolving risks effectively.

To fulfill its mission, the IAIS operates through a structured committee system led by an Executive Committee that oversees key functions such as audit, risk assessment, standard-setting, and implementation evaluation. The organization collaborates closely with other international standard-setting bodies and financial policymakers to ensure alignment across sectors and strengthen the global regulatory framework. Its expertise is recognized broadly, with the IAIS regularly engaged by G20 leaders and other global institutions on matters related to insurance supervision and financial stability.