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) 610-2034

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 United Nations Environment Programme (UNE (Name)

305 East 46th Street, 3rd Floor, Albano Building (Address) New York (City) NY (State) 10017 (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

(See Attachment Two) (Location of Travel) _____ (Dates (month, day, year))

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

$_____ (Lodging Expenses) $80.00 (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $80.00 (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.

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

Please see attachment two

_____ (Last Name) _____ (First Name) _____ (Position/Title) _____ (Department/Division)

_____ (Last Name) _____ (First Name) _____ (Position/Title) _____ (Department/Division)

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: 2026.10.21 11:36:26 -07'00' | Michael Martinez (Print Name) | Chief Insurance Deputy Commis (Title) | 10/21/26 (month, day, year)

Comment: Filing internally only, per 2 CCR § 18950.1(f).

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

Clear Page | Print Form

(Attachment One)

California Form 801

Launched at the 2012 United Nations Conference on Sustainable Development, the United Nations Environment Program Finance Initiative of Principles for Sustainable Insurance (UNEP FI PSI) serves as a global framework for the insurance industry to address environmental, social and governance risks and opportunities. The PSI Initiative is the largest initiative between the UN and the global insurance industry with close to 300 members around the world. The vision of the PSI Initiative is of a risk aware world, where the insurance industry is trusted and plays its full role in enabling a healthy, safe, resilient and sustainable society. The purpose of the PSI Initiative is to better understand, prevent and reduce environmental, social and governance risks, and better manage opportunities to provide quality and reliable risk protection. Commissioner Ricardo Lara represented California as a speaker at the Global Sustainable Insurance Summit. This year's theme was "Insuring a Resilient and Sustainable Transition" that explored growing insurability challenges amid rising physical climate risks and strengthening resilience and financial stability.

(Attachment Two)

United Nations Meeting Payment Information

Entry Number: 1
Meeting or Event Name/Location: UNEP Global Sustainable Insurance Summit (Dublin, Ireland)
Travel Date: Sep 16, 2026
Official’s Department/Division: Ricardo Lara, Insurance Commissioner
Transportation Provider: None
Airfare: $0.00
Lodging: $0.00
Meals: $80.00
Other Expenses: $0.00
Total Expenses: $80.00

Department Total: $80.00