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	Email
(916) 610-2034	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)

c/o Bank for International Settlements CH-4002 (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

(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) $_____ (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $_____ (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

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: 2026.07.31 10:40:57 -07'00'	Michael Martinez	Chief Insurance Deputy Commis	07/31/26

Comment:

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

Clear Page Print Form

(Attachment One)

California Form 801

Established in 1994, the International Association of Insurance Supervisors (IAIS) is a voluntary membership organization of insurance supervisors and regulators from more than 200 jurisdictions, constituting 97% of the world's insurance premiums. It is the global standard-setting body responsible for developing and assisting in the implementation of principles, standards and guidance as well as supporting material for the supervision of the insurance sector. The IAIS mission is to promote effective and globally consistent supervision of the insurance industry in order to develop and maintain fair, safe and stable insurance markets for the benefit and protection of policyholders; and to contribute to global financial stability. Commissioner Ricardo Lara represents California as a member of the Implementation Assessment Committee (IAC) which focuses exclusively on assessing the globally consistent and comprehensive implementation of IAIS standards.

(Attachment Two)

International Association of Insurance Supervisors (IAIS) Meeting Payment Information

Entry Number: 1
Meeting or Event Name/Location: 2026 IAIS - SSC and IAC Meetings (Basel, Switzerland)
Travel Dates: May 19, 2026
Official's Department/Division: Ricardo Lara, Insurance Commissioner
Transportation Provider: None
Airfare: None
Lodging: None
Meals: $152.12
Other Expenses: None
Total Expenses: $152.12

Department Total: $152.12