Payment to Agency Rep	ort	A Public Docur	nent	PA	YMENT TO AGENCY REPORT
1. Agency Name			Date	e Stamp	California On4
California Department of Insur	rance				Form OUI
Division, Department, or Region	1 (if applicable)			For Official Use Only	
Street Address					
300 Capitol Mall, 16th Floor					
Area Code/Phone Number E	mail		□ Amen	dment (explain in c	omment section)
916-492-3595	amilo.pizarro@in:	surance.ca.gov		amore (explain in e	SHIMISH SOCION,
Agency Contact (name and title)			Date of O	riginal Filing:	(month, day, year)
Camilo Pizarro, Manager					(
2. Donor Name and Address			· · · · · · · · · · · · · · · · · · ·		
			Other National	Association of	Insurance Commission
☐ Individual Last Name	First N	ame	Other	Nan	ne
1100 Walnut Street, Suite 150	00	Kansas City		MO	64106
Address		City		State	Zip Code
The National Association of Ir	surance Commis	sioners (NAIC) is the	U.S. standard-se	etting and (se	ee attachment one)
If "Other" is marked, describe the entity's be	usiness activity (if busines	ss) or its nature and interests.			
If applicable idea	ntify the name of ea	ch source and the amou	int(s) received by	the donor for this	s navment:
Ti applicable, idel	itily the name of ca	on source and the arrior	unit(3) received by	are dorior for this	payment.
Name	\$	Amount	Name		\$
					Amount
3. Payment Information (Co	3. 5 0	A-1 A-0 P	3.3)		
3.1 (a) Travel Payment	Please see atta	acnment two		Date	es (month, day, year)
	Lu			Date	es (month, day, year)
Transportation Provider	Rail	Fig. 1	☐ Auto ☐ Oth		e of Lodging Facility
Transportation Provider		Check Applicable Boxes		Ivair	e or Lodging Facility
\$\$		\$	\$		Total Expenses
	Meal Expenses	Transportation Expenses	Other Expe	0.00	Total Expenses
3.1 (b) Payment(s) not relat	ed to travel:	n/a	(month, day, year)	\$ 0.00	Total Expenses
3.2. Payment Description. I	Provide a specifi	c description of the	payment and it	s agency purp	ose and use.
n/a					
3.3. Identify the officials wh	o used the paym	ent in Section 3.1	See instructions)		
Please see attachment two		Α.	,		
Last Name	First Name		Position/Title		Department/Division
Last Name	First Name		rosidon/fide		Department/Division
Last Name	First Name		Position/Title		Department/Division
4. Verification					- USP
	f the a man or dead and		and with EDDO		
I authorized the acceptance of	Geoffrey Ma				
V VVV . A A	Deputy Commi		cia 04/30/18		
Signature	1	Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment for	any additional informs	ation)			
(555 the opass of all attachment for	any additional intermed				FPPC Form 801 (Jan/1- advice@fppc.ca.go
					advice@ippc.ca.go

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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 110 out of the 152 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 42 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	Western Zone Conference Hotel Albuquerque at Old Town Albuquerque, NM	Feb 26-Mar 1, 2018	Ken Allen, Deputy Commissioner Rate Regulation Branch	Southwest	\$445.62	\$405.21	\$103.00	\$33.99 (Uber), \$2.84 (Mileage), \$40 (Parking), \$15 (Incidentals)	\$1,045.66
2	Western Zone Conference Hotel Albuquerque at Old Town Albuquerque, NM	Feb 26-Mar 1, 2018	Towanda David, Chief Field Claims Bureau Market Conduct Division	Southwest	\$405.15	\$405.21	\$0.00		\$810.36
3	Western Zone Conference Hotel Albuquerque at Old Town Albuquerque, NM	Feb 26-Mar 1, 2018	Field Claims Bureau	Southwest	\$521.28	\$405.21	\$0.00		\$926.49
4	Western Zone Conference Hotel Albuquerque at Old Town Albuquerque, NM	Feb 26-Mar 1, 2018	William Killian, Associate Insurance Rate Analyst Field Rating and Underwriting Bureau	American	\$250.00	\$405.21	\$0.00	\$25 (Baggage Fees)	\$680.21
5	Western Zone Conference Hotel Albuquerque at Old Town Albuquerque, NM	Feb 26-Mar 1, 2018	Maribel Salonga, Supervising Insurance Compliance Field Claims Bureau	Southwest	\$571.72	\$405.21	\$0.00		\$976.93

TOTAL: \$4,439.65