Payment to Agency Report A Public Do	cument	PAY	MENT TO AGENCY REPOR
I. Agency Name	Т	Date Stamp	California 801
California Department of Insurance			Form OUT
Division, Department, or Region (if applicable)			For Official Use Only
Street Address			
300 Capitol Mall, 16th Floor			
Area Code/Phone Number Email		Amendment (explain in co	mmont soction)
916-492-3595 camilo.pizarro@insurance.ca.gov			minent section)
Agency Contact (name and title) Camilo Pizarro, Manager		Date of Original Filing:((month, day, year)
2. Donor Name and Address			
Individual	Other N	lational Association of I	
Last NameFirst Name1100 Wlanut Street, Suite 1500Kansas City		Name	e 64106
Address City		State	Zip Code
The National Association of Insurance Commissioners (NAIC) is	the U.S. star	nndard-setting and(se	ee attachment one)
If "Other" is marked, describe the entity's business activity (if business) or its nature and inte			
If applicable, identify the name of each course and the	amount(a) room	aived by the depart for this	noumont:
If applicable, identify the name of each source and the	amount(s) reco	eived by the donor for this	payment.
Name S		Name	\$
3. Payment Information (Complete Sections 3.1 (a or b), 3	3.2, 3.3)		
3.1 (a) Travel Payment Please see attachment two	, ,		
Location of Travel		Dates	s (month, day, year)
Transportation Provider Rail Air Bu Check Applicable Box		Other	e of Lodging Facility
\$ \$ \$ Lodging Expenses Meal Expenses Transportation Exp	\$	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to travel:	n/a	\$ 0.00	
	Dates (month, day	y, year)	Total Expenses
3.2. Payment Description. Provide a specific description of n/a	f the paymer	nt and its agency purp	ose and use.
3.3. Identify the officials who used the payment in Section 3	3.1 (See instructi	ons)	
please see attachment two			
Last Name First Name	Positic	pr/Title	Department/Division
Last Name First Name	Positi	on/Title	Department/Division
4. Verification			
I authorized the acceptance of the reported payment(s) as in co	mpliance with	n FPPC regulations.	
Bryant Henley		Commissioner & Spec	ia 04/30/20
Signature Print Name		Title	(month, day, year)
Commenti			
Comment: (Use this space or an attachment for any additional information)			EPPC Form 801 (Jan

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 75 out of the 122 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 47 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	2020 NAIC Commissioners Conference Disney's Boardwalk Inn Lake Buenavista, FL	Feb 12-15, 2020		Southwest / American Airline	\$832.84	\$1,029.39	\$7.00	\$40 (Parking), \$65 (Taxi), \$70 (Baggage)	\$2,044.23
2									\$0.00

TOTAL: \$2,044.23