Payment to Agency Re	eport	A Public Doo	cument		PAYMEN	T TO AGENCY REPORT
1. Agency Name	TO THE OWNER WHEN THE PARTY OF			Date Stamp	Cali	fornia 201
California Department of Ins	surance				F	orm OUI
Division, Department, or Reg		Fo	or Official Use Only			
Street Address						
300 Capitol Mall, 16th Floor	ě					
Area Code/Phone Number	Email			Amendment (expl		
916-492-3595	camilo.pizarro@ins	surance.ca.gov		Amendment (expi	ain in comme	nt section)
Agency Contact (name and title)	202			Date of Original Filin	g:	
Camilo Pizarro, Manager					(mont	h, day, year)
2. Donor Name and Addre	0.0					
2. Donor Name and Addre	55			National Association	on of Incu	rance Commissio
☐ Individual ————————————————————————————————————	First N	ame	☑ Other .	Trational Association	Name	Tance Commission
1100 Walnut Street, Suite 1		Kansas City		MO		106
Address	000	City		State		Code
The National Association of	Insurance Commis	sioners (NAIC) is	the U.S. sta	andard-setting and	(see a	tachment one)
If "Other" is marked, describe the entity'		- AT - AT			(000.0	
If applicable, in	dentify the name of ea	ch source and the a	ımount(s) re	ceived by the donor f	or this pay	ment:
	¢				d	8
Name	Ψ	Amount		Name	4	Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b), 3.	.2, 3.3)			
3.1 (a) Travel Payment	Please see atta	achment two	CAC 1980			
orr (a) maron aymoni	Lo	ocation of Travel			Dates (mo	nth, day, year)
	□ Pail	□ Air □ □ Bus	□ Auto	☐ Other		
Transportation Provider	🗖 Rail	☐ Air ☐ Bus Check Applicable Boxe		Gottler	Name of L	odging Facility
\$ \$ Lodging Expenses	Meal Expenses	\$ Transportation Expe	\$_	Other Expenses	\$	tal Expenses
			n/a	0.00		tar Exponess
3.1 (b) Payment(s) not re	ated to travel:	40	Dates (month, d			Expenses
	5		Tales to the state of the state			**************************************
3.2. Payment Description	. Provide a specifi	c description of	tne payme	ent and its agency	purpose	and use.
n/a						
3.3. Identify the officials v	who used the paym	ent in Section 3.	.1 (See instruc	ctions)		£. **
Please see attachment two			32	**		
Last Name	First Name		Posit	tion/Title	Den:	artment/Division
Last Name	T Hot Name	•	1 0011	alon Titlo	Бер	artheria Division
Last Name	First Name	e	Posi	tion/Title	Dep	artment/Division
4 Marification						
4. Verification	9.0 or 8	21 9	99: 130	W 0000000 W 100		
I authorized the acceptance			npliance wi	th FPPC regulation	S.	
	Geoffrey Ma	argolis	Depu	ty Commissioner 8	Specia	07/30/18
Signature		Print Name	12 1000	Title		(month, day, year)
Commont						
Comment: (Use this space or an attachment	for any additional informa	ation)				
Cose this space of an attachment	ioi any additional informa	auon)			FP	PC Form 801 (Jan/1 advice@fppc.ca.ge

Clear Page

(Attachment One)

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 82 out of the 125 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 43 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	2018 NAIC Spring National Meeting Hilton Milwaukee City Center Milwaukee, WI	Mar 23-27, 2018	Geoffrey Margolis, Deputy Commissioner Office of the Special Counsel	Southwest	\$595.83	\$856.36	\$91.00	\$22.89 (Mileage), \$50 (Parking), \$3.45 (Taxi)	\$1,619.53
2	Annual Financial Analysis Working Group Meeting Hotel Indigo Kansas City, MO	Apr 23-26, 2018	Emma Hirschhorn, Chief Financial Analysis Division	Delta	\$326.29	\$450.96	\$40.00	\$111.13 (Uber/Shuttle), \$15 (Incidentals)	\$943.38
3	Market Conduct Exams In- Person Training Course Hotel Indigo Kansas City, MO	May 15-17, 2018	Pam O'Connell, Chief Market Conduct Division	Southwest	\$303.60	\$242.00	\$36.82	\$36.90 (Super Shuttle), \$11.99 (Mileage), \$30 (Parking), \$10 (Incidentals)	\$671.31

TOTAL:

\$3,234.22