

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Department of Insurance		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 300 Capitol Mall, 16th Floor			
Area Code/Phone Number 916-492-3595	Email camilo.pizarro@insurance.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Camilo Pizarro, Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other National Association of Insurance Commissioners

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 1100 Walnut Street, Suite 1500 Kansas City MO 64106  
 Address City State Zip Code

The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and ... (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** Please see attachment two

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

\_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_  
 Transportation Provider 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 \$ 0.00  
 Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 n/a

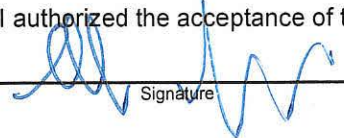
**3.3. Identify the officials who used the payment in Section 3.1** (See instructions)

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.

 Signature  
 Geoffrey Margolis Print Name  
 Deputy Commissioner & Special Deputy Commissioner Title  
 10/28/16 (month, day, year)

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

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## 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 115 out of the 161 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 46 other bodies.

**National Association of Insurance Commissioners (NAIC) Meeting Payment Information (Attachment Two)**

#	Meeting or Event Name/Location	Travel Dates	Traveler's Name/Title	Transportation Provider	Airfare	Lodging	Meals	Other Expenses	Total Expenses
1	Lloyd's International Regulators' Programme Doubletree London, England	September 10-17, 2016	Susan Bernard, Deputy Commissioner Financial Surveillance Branch	British Airways	\$4,579.94	\$2,159.16	\$112.00	\$87.40 (Shuttle)	\$6,938.50
2	Western Zone Meeting Jackson Lake Lodge Jackson Hole, WY	September 22-25, 2016	John Finston, General Counsel Legal Branch	United Airlines	\$1,143.70	\$810.81	\$157.00	\$27 (Mileage), \$5 (Bridge Toll), \$20 (Incidentals)	\$2,163.51

**TOTAL: \$9,102.01**