Payment to Agency Repo	rt APı	ublic Documen	t	PAYMENT TO AGENCY REPORT			
1. Agency Name			Date Stamp	California <b>QO1</b>			
California Department of Insuran		Form OUI					
Division, Department, or Region (if	1	For Official Use Only					
Street Address			7				
300 Capitol Mall, 16th Floor							
Area Code/Phone Number Ema	ul	X	Amendment (explain	in comment section)			
916-492-3595 camilo.pizarro@insurance.ca.gov							
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)			
Camilo Pizarro, Manager							
2. Donor Name and Address							
☐ Individual		Other	National Association	of Insurance Commission			
Last Name	First Name			Name			
1100 Walnut Street, Suite 1500	City	sas City	MO	64106 Zip Code			
Address				(7)			
The National Association of Insu If "Other" is marked, describe the entity's busin			standard-setting and	. (see allachment one)			
If "Other" is marked, describe the entity's busin	ess activity (if business) of its	nature and interests.					
If applicable, identif	y the name of each sou	rce and the amount(s)	received by the donor for	this payment:			
	\$			\$			
Name	φ Amount		Name	Amount			
3. Payment Information (Comp		201 262 6 2					
3.1 (a) Travel Payment	Please see attachme			Dates (month, day, year)			
	Location of			Dates (month, day, year)			
Transportation Provider	🗋 Rail 🔄 Ai	da esta solgende de la constance de	ito 🗌 Other	Name of Lodging Facility			
nanoportation revision	Check	Applicable Boxes					
SSS	al Expenses Trar	nsportation Expenses	SOther Expenses	\$ Total Expenses			
3.1 (b) Payment(s) not related		n/a	\$ 0.00				
3.1 (b) Payment(s) not related	to traver.	Dates (month	( <b>T</b> )	Total Expenses			
3.2. Payment Description. Pro	ovide a specific des	cription of the payn	nent and its agency p	ourpose and use.			
122.20-30-5	No.		5,	1997. No na na Manazara na			
n/a							
3.3. Identify the officials who	used the payment ir	1 Section 3.1 (See inst	tructions)				
Please see attachment two							
Last Name	First Name	Po	osition/Title	Department/Division			
Last Name	First Name	P	osition/Title	Department/Division			
4. Verification	144		and a press of the old light and a sector of				
A 1	a vananta duna vananti		with EDDC requilations				
I authorized the acceptance of the		1 0 0 1 A					
	Geoffrey Margolis		outy Commissioner & S	and something international states			
Signature	Print Nar	me	Title	(month, day, year)			
Comment:							
(Use this space or an attachment for an	y additional information)			FPPC Form 801 (Jan/14)			

advice@fppc.ca.gov

## 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	2016 NAIC Spring National Meeting Sheraton New Orleans New Orleans, LA	April 2 <b>-6</b> , 2016	Geoffrey Margolis, Deputy Commissioner & Special Counsel Office of the Special Counsel	Southwest Airlines	\$770.85	\$1,076.92	\$126.00	\$45.36 (Mileage), \$36 (Taxi)	\$2,055.13
2	Covered Agreement Meeting Courtyard Marriott Washington DC		John Finston, General Counsel Legal Branch	United Airlines	\$1,347.20	\$1,118.67	\$146.00	\$85.86 (Shuttle/Taxi), \$27 (Mileage), \$5 (Bridge Toll), \$15 (Incidentals)	\$2,744.73

TOTAL: \$4,799.86