

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_ Last Name First Name  Other \_\_\_\_\_ Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

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

\_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

\_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

\_\_\_\_\_ \$ \_\_\_\_\_

Dates (month, day, year) Total Expenses

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

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

_____ 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 \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

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

California Form 801 - #1

The National Association of Insurance Commissioners (NAIC) is a 501(c)(3) organization which serves as 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 2023, California serves as Chair, Vice Chair and/or Member on approximately 75 out of the 115 NAIC Committees, Task Forces and Working Groups, and actively monitors the approximately 40 other bodies.

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

#	Meeting or Event Name/Location	Travel Dates	Official's Department/Division	Transportation Provider	Airfare	Lodging	Meals	Other Expenses	Total Expenses
1	NAIC 2023 Financial Analysis Working Group Annual Meeting Hotel Indigo Kansas City, MO	4/24/23 – 4/27/23	n/a Financial Surveillance Branch	Southwest Airlines	\$333.95	\$525.66	\$134.00	\$52.40 (Mileage) \$207.78 (Rideshare) \$15 (Tips)	\$1268.79
2	NAIC 2023 DE&I Conference Loews Hotel Kansas City, MO	6/7/23 – 6/9/23	n/a Policy & Legislation Branch	Southwest Airlines	\$365.98	\$676.21	\$82	\$89.50 (Rideshare)	\$1213.69

**Total Amount: \$2482.48**