

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Department of Insurance		Date Stamp	<b>California 801 Form</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 Commission

\_\_\_\_\_ 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

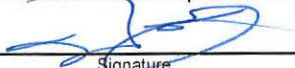
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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.

	Bryant Henley	Deputy Commissioner & Specia	04/30/19
Signature	Print Name	Title	(month, day, year)

Comment:

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



(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.

**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	Western Zone Conference The Dana on Mission Bay San Diego, CA	Mar 5-6, 2019	Joel Laucher, Senior Advisor	Southwest	\$117.96	\$167.92			\$377.71
2	NAIC Big Data Meeting Kansas City, MO	Mar 13-14, 2019	Rachel Hemphill, Chief Systems Actuary - Office of PBR	Southwest	\$407.00	\$209.63		\$81.38 (Uber)	\$698.01

**TOTAL:        \$1,075.72**