

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: JOAN D. LaCourse Work Phone No. 603-271-2261

Work Address: NH Ins. Dept 21 South Fruit St. Ste. 14 Concord NH 03103

Office/Appointment/Employment held: NH Insurance Dept

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED DEC 19 2013 NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: SECURITIES Insurance Licensing Association

Name of Corporate/Entity Representative: Diana Capes

Work Address of Representative: P.O. Box 498 Zionville IL 46077

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 []

Value of Honorarium: 215 Date Received: _____ If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [] Exact [] Estimate registration fee waived for participation

Value of Expense Reimbursement: 345.47 Date Received: 10/30/13 copy of the agenda or an equivalent document must be attached to this filing. [] Exact [] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Insurance Regulator Speaking on Behalf of NH Ins. Dept at the conference

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer: Joan LaCourse

Date Filed: 12-18-13

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301


Lacourse, Joan

From: dcap@sil@.org
Sent: Monday, May 06, 2013 2:49 PM
To: Lacourse, Joan
Subject: Invitation to the 2013 SILA National Education Conference



Dear Joan LaCourse:

You are cordially invited to participate in the Securities & Insurance Licensing Association (SILA) National Education Conference being held at the Marriott New Orleans Hotel on September 22 – September 25, 2013. A continuing factor to the ongoing success of SILA has been the Regulators' attendance and participation at these conferences.

In exchange for your participation at the national conference, SILA will reimburse you for your travel expenses if your state's budget does not allow for SILA conference expenses. SILA's reimbursement policy offers travel reimbursement to one regulator per state. Reimbursable expenses include airfare, baggage fees, airport shuttle to and from the hotel, airport parking and hotel room and tax charges, plus waiver of the conference registration fee.

If you can join us at SILA, please log onto the SILA website at <http://www.sila.org>, click on the Events tab, select the 2013 National Education Conference link. Additional information is contained on the Regulator link on the SILA Conference website.

For your convenience, your User ID and password are provided below:

- User ID: Joan.LaCourse@ins.nh.gov
- Password: 5811

We hope to count you as one of the Regulator attendees for this year's SILA conference. SILA will make hotel reservations for regulators who will be the primary state representative. For ease of all parties, we ask that you make your own airline reservations. And to help SILA minimize expenses, we ask that you make airlines reservations as soon as possible to obtain good rates.

We'll see you at the Big Easy!

Diana Capes

Diana Capes, SILA-F
Executive Vice President
SILA
800-428-8329
317-709-7452 (cell)
866--253-6026 (fax)
dcapes@sil@.org
www.sila.org

REFUND POLICY: Cancellations must be in writing and received on or before August 9, 2013 to receive a full refund; a charge of \$200 will be applied toward cancellations received August 10 – August 31, 2013. There will be no refunds for cancellations received on or after September 1, 2013. **NO EXCEPTIONS.**

If the membership fee is included in the registration, this fee is non-refundable.

SENDING COMPANY CHECK? Make payable to SILA and mail to:

SILA
P.O. Box 498
Zionsville, IN 46077

SILA Member? You may also pay online by logging in using the member id and password at www.sila.org; go to the "My Account" Page, look for the amount outstanding and click on the amount. You will then be able to pay the remaining balance by credit card.


Lacourse, Joan

From: silasupport@silas.org
Sent: Tuesday, July 02, 2013 3:14 PM
To: Lacourse, Joan
Subject: Meeting Registration: SILA 2013 National Education Conference - Joan LaCourse

 Add SILA 2013 National Education Conference (09/22/2013 - 09/25/2013) to your calendar

Registered Events:

Event	Price	Qty	Amount	Coupon Amt	Sub-Total
Event : SILA 2013 National Education Conference					
Regulators	\$275.00	1	\$275.00	(\$0.00)	\$275.00
Sub Total :					\$275.00
Discount :					(\$275.00)
Total Amount Due =					\$0.00
Amount Paid =					\$0.00
Amount Due =					\$0.00

You have successfully registered for SILA 2013 National Education Conference

Order Date: 07/02/2013
Invoice Number: 29029
Order Number: 13451

ID: 5811
Name: Joan LaCourse
Name for Badge: Joan
Title: Administrative Supervisor/CE Coordinator
Company: New Hampshire Insurance Department
Address: 21 South Fruit Street, Suite 14
Concord, NH 03301-5151
United States
Phone: 603-271-0203 x 209
Fax:
Email: Joan.LaCourse@ins.nh.gov

Payment Method:
OrderTotal: \$0.00

SILA REIMBURSEMENT FORM

Name: Joan LaCourse State: NH Date: 10-6-13

MAKE CHECK PAYABLE TO: Joan LaCourse

MAIL CHECK TO:

Name or Insurance Department: Joan LaCourse

P. O. Box or Street Address: 18 W. OAKWOOD AVE

City: Manchester State NH Zip Code 03103.

I am requesting reimbursement for the following items: (attach receipts)

Air Fare \$366.60

Baggage Fees \$12.50
early check in. Baggage tip \$6.00

Hotel (minus telephone, movies, room service, laundry honor bar, and misc. expenses) _____

Airport Shuttle \$35. + \$5 tip

Mileage (if driving to conference) @ 51 cents per mile _____

Hotel Parking (if driving to conference) 25. Airport Parking

Total Reimbursement \$450.10

Submit reimbursement form and legible copies of receipt(s) to: 104.63 - less one day that was my personal expen
SILA
P. O. Box 498
Zionsville, IN 46077-0498
1-800-428-8329
345.47

NOTE: SILA will not reimburse for transportation to and from home/office, airport tips, meals; telephone, miscellaneous hotel charges, or postage.

Securities & Insurance Licensing Association

2058

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/30/2013	Bill	Joan LaCourse	345.47	345.47	10/30/2013	345.47
				Check Amount		345.47