

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 240				DATE: 3/30/2021			
COMMITTEE: Insurance							
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES			
		WITNESS NAME					
REGISTERED LOBBYIST:							
WITNESS NAME: MICHAEL HENDERSON			PHONE NUMBER:				
REPRESENTING: MISSOURI INSURA	ANCE COALITION	TITLE:					
ADDRESS: 220 B EAST HIGH STREET							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/30/2021 12:00 AM				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							



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COMMITTEE: Insurance						
TESTIFYING:	SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSI	ES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT			PHONE NUMI	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:			·			
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written		SUBMIT DATE: 3/30/2021 12:43 AM		
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I am Opposed to this Bill. It appears to be in the Favor of the Insurance Companies.