

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

DULL NUMBER				DATE		
BILL NUMBER: HB 629				DATE: 2/23/2021		
COMMITTEE: Insurance						
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMATIONAL PURPOSES			
		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: MICHAEL J. HENDERSON				PHONE NUMBER: 573-893-4241		
REPRESENTING: MISSOURI INSURANCE COALITION				GENERAL COUNSEL & GOVERNMENT AFFAIRS DIRECTOR		
ADDRESS: 220 EAST HIGH ST	TREET, SUITE B					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL: mike@moinsurand	cecoalition.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/23/2021 9:05 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610. RSMo						

The Missouri Insurance Coalition supports HB 629.



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO				PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 2/23/2021 12:35 PM		
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I am in Oppoistion to this Bill and this Proposed Model. Only five (5) States have Adopted this Model. This Bill needs a lot of work and was crafted by the Insurance Industry. You draw your Conclusions.



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BUSINESS/ORGANIZATION:							
WITNESS NAME: RICHARD LAMB			PHONE NUMB 573-526-3				
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE TITLE:							
ADDRESS: TRUMAN STATE OFFICE BUILDING, ROOM 530							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101			
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/23/2021 12:00 AM				
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