



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 907		DATE: 4/13/2021	
COMMITTEE: Insurance			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRANDON KOCH		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/13/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LARRY CASE		PHONE NUMBER: 573-680-4599	
REPRESENTING: MISSOURI ASSOCIATION OF INSURANCE AGENTS		TITLE:	
ADDRESS: 3315 EMERALD LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/13/2021 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/8/2021 12:42 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am Opposed to this Bill. Leave the definition and pay-out alone.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 4/13/2021 2:28 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am Oposed to this Bill. This Bill is for the Insurance Industry and the heck with Our Missouri Citizens. This is a Bill for more profits for the Insurance Companies, while Missourians Suffer.