

## MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1678				DATE: <b>2/21/2024</b>		
COMMITTEE: Insurance Policy						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: SAMUEL G. LICKLIDER				PHONE NUMBER: 573-418-5069		
REPRESENTING: TITLE: TITLE:						
ADDRESS: 100 EAST HIGH						
			STATE: MO	ZIP: 65102		
EMAIL: sglgov@aol.com		ATTENDANCE: In-Person		SUBMIT DATE: 2/20/2024 9:02 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						



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COMMITTEE: Insurance Policy						
TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		FOR INFORMATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE				PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written		SUBMIT DATE: 2/21/2024 11:45 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am Opposed to this Bill and raising the Limit of a Insurance Policy, exempting Continuing Education.						