

BILL NUMBER: HB 1964				DATE: 2/7/2024
COMMITTEE: Insurance Policy			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: BEN TRAVLOS			PHONE NUMB 573-893-1 4	
REPRESENTING: MO FARM BUREAU	J		TITLE:	
ADDRESS: 701 S. COUNTRY C	LUB DR.			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	OATE: 4 12:00 AM
THE INFORMAT	ION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 1964				DATE: 2/7/2024	
COMMITTEE: Insurance Policy			·		
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: BRAD JONES			PHONE NUME 619-3077	BER:	
REPRESENTING: NFIB (NATIONAL FEDERATION OF INDEPENDENT BUSINESS)			TITLE: STATE DII	RECTOR	
ADDRESS: 308 E. HIGH					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL: Brad.Jones@nfib.	org	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 24 7:57 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: CHRIS LIESE			PHONE NUME 314-495-6	
REPRESENTING: MAIA			TITLE:	
ADDRESS: 730 WEST MAIN S	TREET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/7/2024 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: DANA FRESE			PHONE NUMBE 573-893-53		
BUSINESS/ORGANIZATION NAME: HEALTHCARE SERVICES GROUP; MISSOURI HOSPITAL ASSOCIATION; MISSOURI ORGANIZATION OF DEFENSE LAWYERS			TITLE: PRESIDEN	T & CEO	
ADDRESS: 4700 COUNTRY CI	UB DRIVE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109	
EMAIL: dfrese@hsg-group	o.com	ATTENDANCE: In-Person	SUBMIT DA 2/6/2024	ATE: 1 12:17 PM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	UNDER CHAP	PTER 610. RSMo.	



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID OVERFELT			PHONE NUM 573-636-	
REPRESENTING: MISSOURI RETAILERS ASSOCIATION; MISSOURI GROCERS ASSOCIATION			TITLE: PRESIDE	ENT
ADDRESS: 618 E CAPITOL				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: dave@moretailers	.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 124 7:25 AM
THE INFORMAT	TION ON THIS EOD	I IS DUBLIC DECOR	D HNDED CH	ADTED 610 DSMo

The Missouri Retailers Association and the Missouri Grocers Association support HB 1964 which attempts to put Missouri in line with most states laws.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: DUSTIN SHURBAC	CK		PHONE NUMBE 417-772-26	
BUSINESS/ORGANIZATIO			TITLE: OWNER	
ADDRESS: 101 RIVER ROAD				
CITY: NOEL			STATE: MO	ZIP: 64854
EMAIL: dustin@riverranch	resort.com	ATTENDANCE: Written	SUBMIT DA 2/7/2024	ATE: 4 5:37 AM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHAP	PTER 610, RSMo.

I fully support this bill, I personally feel like this is step in the right direction, 5 years is way too long! 2 years is more than enough time to figure out if you have injuries.



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		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: GREG DOSS			PHONE NUMB 573-364-0 4		
BUSINESS/ORGANIZATIO			TITLE: OWNER		
ADDRESS: 1 STEPHENDALE (COURT				
CITY: ROLLA			STATE: MO	ZIP: 65401	
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 4 12:00 AM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSM	Ο.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: HEIDI GEISBUHLE	R SUTHERLAND		PHONE NUMB	ER:	
REPRESENTING: MISSOURI CHAME	BER OF COMMERCE AI	ND INDUSTRY	TITLE:		
ADDRESS: 428 EAST CAPITO	L AVENUE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/7/2024 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHAI	PTER 610. RSMo.	



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JACQUELINE BAR	RDGETT		PHONE NUM 573-634-8	
REPRESENTING: STATE FARM INSU	URANCE		TITLE: LOBBYIS	Т
ADDRESS: 205 E. CAPITOL A	VE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: jacque@bardgett.ı	net	ATTENDANCE: Written	SUBMIT 1 2/7/202	DATE: 24 7:07 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JORGEN SCHLEM	EIER		PHONE NUME 573-634-4	
REPRESENTING: AMERICAN TORT	REFORM ASSOCIATION	ON	TITLE:	
ADDRESS: 213 E. CAPITOL A	VE.			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/7/2024 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 1964				DATE: 2/7/2024	
COMMITTEE: Insurance Policy			•		
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSE	S
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: LARRY ALDO			PHONE NUMB 573-775-2 2		
BUSINESS/ORGANIZATION INDIAN SPRINGS			TITLE: OWNER		
ADDRESS: 185 INDIAN SPRIN	IGS ROAD				
CITY: STEELVILLE			STATE: MO	ZIP: 65565	
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 4 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMc) .



BILL NUMBER: HB 1964				DATE: 2/7/2024	
COMMITTEE: Insurance Policy					
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOS	ES
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: LARRY HELMS			PHONE NUME	BER:	
BUSINESS/ORGANIZATION MISSOURI ASSOC	ON NAME: CIATION OF RV PARKS	3	TITLE: EXECUTIV	/E DIRECTOR	
ADDRESS: 18712 CLIFF ROAI	D				
CITY: DIXON			STATE: MO	ZIP: 65459	
EMAIL:		ATTENDANCE:	SUBMIT 0 2/7/202	ATE: 4 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSM	lo.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MICHAEL HENDER	RSON		PHONE NUME 573-893-4 2	
REPRESENTING: MISSOURI INSURANCE COALITION GENERAL COUNSEL AND GOVERNMENT AFFAIRS DIRECTOR				
ADDRESS: 220B E HIGH ST			·	
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: mike@moinsurand	ecoalition.com	ATTENDANCE: In-Person	SUBMIT D 2/5/202	OATE: 4 5:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610. RSMo				

The Missouri Insurance Coalition supports HB 1964.



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	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL R GIBBONS		PHONE NUMBE 314-650-57	
REPRESENTING: ENTERPRISE MOBILITY		TITLE:	
ADDRESS: 115 EAST HIGH STREET		·	
CITY: KIRKWOOD		STATE: MO	ZIP: 65101
EMAIL: mgibbons@gibbonsworkman.com	ATTENDANCE: In-Person	SUBMIT DA 2/6/2024	ATE: 8:41 PM
THE INFORMATION ON THIS FOR	M IS PUBLIC RECORD	UNDER CHAP	PTER 610. RSMo.



BILL NUMBER: HB 1964			DATE: 2/7/2024		
COMMITTEE: Insurance Policy					
TESTIFYING: VIN SUPPORT O	F IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES		
	WITNESS NAME				
BUSINESS/ORGANIZATION:					
WITNESS NAME: PATRICK WAID TINSLEY		PHONE NUM 417-456-1			
BUSINESS/ORGANIZATION NAME: BIG ELK FLOATS AND CAMPING LLC TITLE: OWNER					
ADDRESS: 5029 SOUTH BUSINESS HWY 71					
CITY: PINEVILLE		STATE: MO	ZIP: 64856		
EMAIL: paddle_us@yahoo.com	ATTENDANCE: Written	SUBMIT 2/6/20 2	DATE: 24 7:31 PM		
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5 years is too long!



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		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: RAY MCCARTY			PHONE NUMB 573-634-22		
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI TITLE: PRESIDENT/CEO					
ADDRESS: 3234 W TRUMAN BLVD					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109	
EMAIL: rmccarty@aimo.co	om	ATTENDANCE: In-Person	SUBMIT D 2/6/202	ATE: 448 PM	
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Associated Industries of Missouri supports reducing the current outlier 5 year statute of limitations on tort cases to 2 years from the date the alleged injury occurred.



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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: RICH AUBUCHON			PHONE NUME	BER:
	REFORM COALITION	I, AMERICAN PROPERTY	, TITLE:	
ADDRESS: 112 E HIGH ST				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 2/7/202	DATE: 24 12:00 AM
THE INFORMAT	TION ON THIS EOP	M IS DUBLIC DECOR	D LINDED CHY	DTED 610 PSMo



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: ROBERT BASS			PHONE NUMB 314-560-32	
BUSINESS/ORGANIZATION MO CANOE AND FRETREATS/BASS	LOATERS ASSOCIATION	ON, RIVER HILLS	PRESIDEN	NT
ADDRESS: PO BOX 100				
CITY: LEASBURG			STATE: MO	ZIP: 65535
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	OATE: 4 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL 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@yah	oo.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 4 11:39 PM
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I am Opposed to this Bill. This Bill is ALL for Business and for gets about the injured.



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TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	3
		WITNESS NAME			
BUSINESS/ORGA	NIZATION:				
WITNESS NAME: BLAKE HEETH			PHONE NUMB 816-728-93		
BUSINESS/ORGANIZATION MISSOURI ASSOCIA	NAME: ATION OF TRIAL ATT	ORNEYS	TITLE:		
ADDRESS: 4700 BELLEVIEW AVENUE, SUITE 200					
CITY: KANSAS CITY			STATE: MO	ZIP: 64112	
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 4 12:00 AM	
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COMMITTEE: Insurance Policy		•			
TESTIFYING: UN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES		
	WITNESS NAME				
BUSINESS/ORGANIZATION:					
WITNESS NAME: JENIFER PLACZEK		PHONE NUMBE 417-883-40			
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF TRIAL ATT	ORNEYS	TITLE:			
ADDRESS: 2750 EAST SUNSHINE					
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804		
EMAIL:	ATTENDANCE:	SUBMIT DA 2/7/2024	ATE: 4 12:00 AM		
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TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: SHARON GEUEA J	ONES		PHONE NUMB 573-808-2 2	
REPRESENTING: MO ASSN. TRIAL A	TTORNEYS		TITLE:	
ADDRESS: 227 JEFFERSON				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 4 12:00 AM
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