



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2250		DATE: 4/10/2024
COMMITTEE: Insurance Policy		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> 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: dienoff@mail.com	ATTENDANCE: Written	SUBMIT DATE: 4/10/2024 11:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and offering Insurance Related Education, Curriculum and Training in our Public Career and Technical Education High Schools throughout the State. This is a good Career Education Program. I applaud the Bill Sponsor of the Proposed Legislation!



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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: JEFF CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432
REPRESENTING: BLUE CROSS BLUE SHIELD OF KANSAS CITY		TITLE:
ADDRESS: 208 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/10/2024 12:00 AM
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