

BILL NUMBER: HB 2277				DATE: 1/24/2024
COMMITTEE: Insurance Policy				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: KEVIN BROOKS			PHONE NUME 816-425-53	
BUSINESS/ORGANIZATION SHELTER INSURA			TITLE:	
ADDRESS: 2400 PERSHING R	OAD, SUITE 5002			
CITY: KANSAS CITY			STATE: MO	ZIP: 64108
EMAIL:		ATTENDANCE:	SUBMIT D 1/24/20	DATE: 24 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 INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: LARRY CASE			PHONE NUME 573-680-4	
REPRESENTING: MISSOURI ASSOC	CIATION OF INSURANCE	E AGENTS	TITLE:	
ADDRESS: 3315 EMERALD LA	ANE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT 0 1/24/20	DATE: 124 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MICHAEL HENDER	RSON		PHONE NUM 573-893-4	
REPRESENTING: MISSOURI INSURA	ANCE COALITION			L COUNSEL AND MENT AFFAIRS R
ADDRESS: 220B E HIGH ST			·	
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: mike@moinsurand	ecoalition.com	ATTENDANCE: In-Person	SUBMIT 1/24/20	DATE: 0 24 4:54 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				

The Missouri Insurance Coalition supports HB 2277.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 2277				DAT 1/2	E: 4/2024
COMMITTEE: Insurance Policy				·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR IN	FORMATIO	NAL PURPOSES
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: RAY MCCARTY				NE NUMBER: -634-2246	
BUSINESS/ORGANIZATION ASSOCIATED IND	ON NAME: DUSTRIES OF MISSOURI		PRE	SIDENT/CI	= 0
ADDRESS: 3234 W TRUMAN	BLVD				
CITY: JEFFERSON CITY	,		STATI MO	E:	ZIP: 65109
EMAIL: rmccarty@aimo.c	om	ATTENDANCE: In-Person		UBMIT DATE: //23/2024 1:	52 PM

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

Associated Industries of Missouri fully supports this legislation. The bill attempts to fix a loophole in language previously passed and signed into law - a loophole exploited by plaintiffs' attorneys. The bill is intended to require notice to insurance companies and proper time to consider offers of settlement before allowing a plaintiff to receive an award in excess of policy limits due to an insurance company acting in bad faith. We fully support the bill.



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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: RICH AUBUCHON			PHONE NUME	BER:
REPRESENTING: AMERICAN PROPI MISSOURI CIVIL J		JRANCE ASSOCIATION,	TITLE:	
ADDRESS: 112 E HIGH ST				
CITY: JC			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 1/24/20	DATE: 124 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 ☐ F	OR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: ROSS LIEN			PHONE NUMBER 701-202-821	
REPRESENTING: NATIONAL ASSOC	CIATION OF MUTUAL IN	SURANCE COMPANIES	TITLE: REGIONAL	VICE PRESIDENT
ADDRESS: 8605 BELLEVIEW	AVE			
CITY: KANSAS CITY			STATE: MO	ZIP: 64114
EMAIL: rossmlien@gmail.d	com	ATTENDANCE: Written	SUBMIT DA 1/23/202	TE: 4 10:05 AM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECORD UN	NDER CHAP	TER 610. RSMo.



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES"	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yaho	oo.com	ATTENDANCE: Written	SUBMIT I 1/24/20	DATE: 124 11:30 PM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

I am Opposed to this Bill and Intent. I do not trust the Legislation and the wording. Defeat this Bill in its present form!



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFOR	MATIONAL F	URPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: BLAKE MARKUS			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:		T DATE: 2024 12:00 A	·M
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CH	APTER 61	0. RSMo.



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TESTIFYING:	☐IN SUPPORT OF	☑ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: KEN BARNES			PHONE NUME 816-674-99	
BUSINESS/ORGANIZATION MATA	DN NAME:		TITLE:	
ADDRESS: 919 W 47TH STRE	ET			
CITY: KANSAS CITY			STATE: MO	ZIP: 64112
EMAIL:		ATTENDANCE:	SUBMIT 0 1/24/20	DATE: 124 12:00 AM
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