



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2524		DATE: 2/20/2024
COMMITTEE: Financial Institutions		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JAKE BLACK		PHONE NUMBER: 660-463-2223
BUSINESS/ORGANIZATION NAME: CFM INSURANCE, INCORPORATED		TITLE: PRESIDENT/CEO
ADDRESS: 1202 SE FIRST STREET		
CITY: CONCORDIA		STATE: MO
		ZIP: 64020
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 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: MICHAEL HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE: GENERAL COUNSEL AND GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220B E HIGH ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/20/2024 11:42 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. The Missouri Insurance Coalition supports HB 2524.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROSS LIEN		PHONE NUMBER: 573-999-9652	
REPRESENTING: NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES		TITLE:	
ADDRESS: 3601 VINCENNES ROAD			
CITY: INDIANAPOLIS		STATE: IN	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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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: In-Person	SUBMIT DATE: 2/20/2024 11:53 PM
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