

BILL NUMBER: HB 436				DATE: 2/17/2025		
COMMITTEE: Insurance						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO			PHONE NUM	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: In-Person		SUBMIT DATE: 2/17/2025 11:45 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am in full Support of this Bill and to ensure that all Missouri Insurance Companies are ensuring all						

Date Security and Protecting Information and Privacy of Policy-Holders.



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		WITNESS NAME			
INDIVIDUAL:					
			PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: garretjschmidt@gmail.com		ATTENDANCE: Written	SUBMIT [2/16/20	SUBMIT DATE: 2/16/2025 7:55 PM	
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l am in support of this bill. I feel that ensuring Missouri insurers are meeting minimum cyber security					

I am in support of this bill. I feel that ensuring Missouri insurers are meeting minimum cyber security standards can help provide consumers confidence that their information is secure.



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR INFORMATIONAL PURPOSES		
		WITNESS NAME			
	OBBYIST:				
WITNESS NAME: HAMPTON WILLIAMS			PHONE NUMBER: 417-793-0673		
REPRESENTING: MISSOURI INSURANCE COALITION			TITLE:		
ADDRESS: 220 W. HIGH STREET, SUITE B					
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/17/2025 12:00 AM		
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COMMITTEE: Insurance						
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO				
		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: TYLER HOBBS				PHONE NUMBER: 573-536-2630		
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE			TITLE: LEGISLATIVE DIRECTOR			
ADDRESS: 301 W HIGH ST						
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL: tyler.hobbs@dci.n	no.gov	ATTENDANCE: In-Person	SUBMIT DATE: 2/17/2025 8:34 AM			
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BILL NUMBER: HB 436				DAT 2/1	E: 7/2025	
COMMITTEE: Insurance				·		
	IN SUPPORT OF	✓ IN OPPOSITION TO		ORMATIO	NAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: TARA CHILDRESS LOPEZ HALLMARK			PHONE	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE	::	ZIP:	
EMAIL: mzbamahallmark@outlook.com		ATTENDANCE: Written	SL 2/	SUBMIT DATE: 2/17/2025 9:42 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
l oppose this ridiculous invasion of health and personal information. I oppose a state governmental entity having access to my health and insurance data, selling my personal, health and property data. I						

entity having access to my health and insurance data, selling my personal, health and property data. I oppose the over reach of this bill to empower special authority to possess my personal health and property data, not disclose it had been harvested, sold or shared. There should be protections against bad government actors using position to over reach the innate rights of Americans and American's body.