



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 974		DATE: 2/10/2025	
COMMITTEE: Insurance			
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: arniedienoff@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/10/2025 11:30 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of most of this Concept and ensuring the Accountability and Responsibility for Ride-Share Programs, Peer To Peer Vehicles and Delivery Services. There needs to be some additional debate and Amendments. The State's minuim Insurance Thresholds need to be increased to todays' economy and costs. That is responsibility!



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JENNIFER RODEWALD		PHONE NUMBER: 573-808-6294	
BUSINESS/ORGANIZATION NAME: SHELTER INSURANCE		TITLE: GOVERNMENTAL RELATIONS COUNSEL	
ADDRESS: 1817 WEST BROADWAY			
CITY: COLUMBIA		STATE: MO	ZIP: 65218
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: PHILLIP ARZEN		PHONE NUMBER: 314-952-4373	
REPRESENTING: NAMIC		TITLE:	
ADDRESS: 2955 SOUTH RUNNING DEER COURT			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICH AUBUCHON		PHONE NUMBER: 573-616-1845	
REPRESENTING: AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION		TITLE:	
ADDRESS: 112 E. HIGH ST.			
CITY: JC		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SEAN VINCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: TURO		TITLE: ASSOCIATE GENERAL COUNSEL	
ADDRESS: 111 SUTTER			
CITY: SAN FRANCISCO		STATE: CA	ZIP: 94104
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GORDON REEL		PHONE NUMBER: 314-974-0969	
REPRESENTING: ENTERPRISE MOBILITY		TITLE:	
ADDRESS: 600 CORPORATE PARK DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63105
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
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: 2/10/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RANDY ALBERHASKY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/10/2025 12:00 AM	
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