



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1647</b>		DATE: <b>3/2/2026</b>
COMMITTEE: <b>Insurance</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>HAMPTON WILLIAMS</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI INSURANCE COALITION</b>		TITLE:
ADDRESS: <b>220 EAST HIGH ST, SUITE B</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/2/2026 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON ST</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65201</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MATTHEW SMITH</b>		PHONE NUMBER: <b>573-634-2246</b>	
REPRESENTING: <b>ASSOCIATED INDUSTRIES OF MISSOURI</b>		TITLE:	
ADDRESS: <b>3234 WEST TRUMAN BLVD</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65043</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>PHILLIP ARZEN</b>		PHONE NUMBER:	
REPRESENTING: <b>NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES</b>		TITLE:	
ADDRESS: <b>2955 SOUTH RUNNING DEER COURT</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65201</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/2/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RICH AUBUCHON</b>		PHONE NUMBER: <b>573-616-1845</b>	
REPRESENTING: <b>AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION</b>		TITLE:	
ADDRESS: <b>112 EAST HIGH</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/2/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/2/2026 2:11 PM</b>	
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**I am Opposed to this Bill. There are different Insurance claim Categories and different payments for property-damage, bodily-injury, medical and other loses for pain and suffering. Protect Missouri Citizens over Insurance Company Profits and the Insurance Lobbyists.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BLAKE HEATH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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