



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 239</b>  |             | DATE:<br><b>2/23/2021</b>                 |                      |
| COMMITTEE:<br><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>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JOHN REHAGEN</b>   |             | PHONE NUMBER:<br><b>573-526-3587</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>TRUMAN STATE OFFICE BUILDING, ROOM 530</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/23/2021 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:<br><b>MICHAEL J. HENDERSON</b>   |                                 | PHONE NUMBER:<br><b>573-893-4241</b>                                       |                      |
| REPRESENTING:<br><b>MISSOURI INSURANCE COALITION</b>   |                                 | TITLE:<br><b>GENERAL COUNSEL &amp;<br/>GOVERNMENT AFFAIRS<br/>DIRECTOR</b> |                      |
| ADDRESS:<br><b>220 EAST HIGH STREET, SUITE B</b>   |                                 |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                                 | STATE:<br><b>MO</b>  | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>mike@moinsurancecoalition.com</b>   | ATTENDANCE:<br><b>In-Person</b> | SUBMIT DATE:<br><b>2/23/2021 9:05 AM</b>                                   |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.<br/>The Missouri Insurance Coalition supports HB 239.</b>                                |                                 |  |                      |



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| <b>WITNESS NAME</b>  |                               |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |                               |   |                      |
| WITNESS NAME:<br><b>RANDY SCHERR</b>   |                               | PHONE NUMBER:<br><b>573-636-6200</b>      |                      |
| REPRESENTING:<br><b>PRUDENTIAL; ACLI; LIFE INSURANCE ASSOCIATION OF MISSOURI</b>   |                               | TITLE:                                    |                      |
| ADDRESS:<br><b>101 E. HIGH</b>   |                               |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                               | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>rjscherr@swllc.us.com</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/23/2021 10:25 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>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>2/23/2021 12:35 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |

**I am in Opposition to this Bill. This seems to benefit Insurance Companies and not the Insurers. The Bill Sponser did not even know the Bill very well.**