



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 353</b>		DATE: <b>2/18/2021</b>	
COMMITTEE: <b>Workforce Development</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>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ArnieDienoff@Yahoo.Com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/18/2021 1:54 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**I am in Support of this Bill and providing all options of receiving their Workers Compesation Settlement or Payments**



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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>121 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/18/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>TRENT WATSON</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI INSURANCE COALITION</b>		TITLE:
ADDRESS: <b>PO BOX 2221</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/18/2021 12:00 AM</b>
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