# Insurance & Banking Subcommittee

**Thursday, March 9, 2023**
**8:00 AM - 11:00 AM**
**Morris Hall (17 HOB)**

## Action Packet

**Paul Renner**
**Speaker**

**Wyman Duggan**
**Chair**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**Summary:**

**Insurance & Banking Subcommittee**

*Thursday March 09, 2023 09:00 am*

| | | | |
|---|---|---|---|
| CS/HB 237 | Favorable | Yeas: 17 | Nays: 0 |
| HB 337 | Favorable | Yeas: 18 | Nays: 0 |
| HB 505 | Favorable With Committee Substitute | Yeas: 18 | Nays: 0 |
| | Amendment 939447 Adopted Without Objection | | |
| HB 607 | Favorable | Yeas: 18 | Nays: 0 |
| PCS for HB 799 | Favorable | Yeas: 18 | Nays: 0 |
| HB 881 | Favorable With Committee Substitute | Yeas: 17 | Nays: 0 |
| | Amendment 506423 Adopted Without Objection | | |

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**Attendance:**

| | *Present* | *Absent* | *Excused* |
|---|---|---|---|
| Wyman Duggan (Chair) | X | | |
| Adam Anderson | X | | |
| Christopher Benjamin | X | | |
| David Borrero | X | | |
| Adam Botana | X | | |
| Jennifer Canady | X | | |
| Tom Fabricio | X | | |
| Gallop Franklin II | X | | |
| Philip Griffitts, Jr. | X | | |
| Christine Hunschofsky | X | | |
| Rachel Plakon | X | | |
| Joel Rudman | X | | |
| Kevin Steele | X | | |
| Cyndi Stevenson | X | | |
| Allison Tant | X | | |
| John Temple | X | | |
| Chase Tramont | X | | |
| Marie Woodson | X | | |
| **Totals:** | **18** | **0** | **0** |

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**CS/HB 237 : Legal Instruments**

[X] *Favorable*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | | | X | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 17** | **Total Nays: 0** | | | |

**Appearances:**

Pratt, Kenneth (Lobbyist) - Waive In Support
Florida Bankers Association
Senior VP of Governmental Affairs
1001 Thomasville Road, Suite 201
Tallahassee, Florida 32301
Phone: 850-509-8020

Brown, French (Lobbyist) - Information Only
Real Property, Probate, and Trust Law Section of the Florida Bar
Lobbyist
106 East College Ave., Suite 1200
Tallahassee, Florida 32301
Phone: 850-459-0952

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**HB 337 : Workers' Compensation Benefits for Posttraumatic Stress Disorder**

[X] *Favorable*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | X | | | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 18** | **Total Nays: 0** | | | |

**Appearances:**

Lopez, Julie (General Public) - Proponent
Sarasota County Sheriff
Communications Operator
6010 Cattleridge Blvd
Sarasota, Florida 34232
Phone: 941-316-1201

Matthews, Candace (General Public) - Information Only
Sarasota County Sheriff's Office Civilian CSIS
Crime Scene Manager
6010 Cattleridge Blvd
Sarasota, Florida 34232
Phone: 941-861-5800

Choate, Michael (General Public) - Waive In Support
Florida Fire Chief's Association (FFCA)
Fire Chief, Second Vice President
221 Pinewood Dr.
Naples, Florida 34119
Phone: 352-384-3132

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

**Location:** Morris Hall (17 HOB)

**HB 337 : Workers' Compensation Benefits for Posttraumatic Stress Disorder (continued)**

**Appearances: (continued)**

McHale, Mick (Lobbyist) - Waive In Support
Florida Police Benevolent Assocation
Senior Vice President
300 E. Brevard Street
Tallahassee, Florida 32301
Phone: 800-733-3722

Stowers, Austin (Lobbyist) - Waive In Support
CFO Jimmy Patronis
Legislative Affairs Director
200 E. Gaines
Tallahassee, Florida 32399
Phone: 850-413-5939

Carter, Tasha (Lobbyist) - Waive In Support
Office of Insurance Consumer Advocate
Florida's Insurance Consumer Advocate
200 E. Gainse Street
Tallahassee, Florida 32399
Phone: 850-413-5923

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**HB 505 : Insurance**

[X] *Favorable With Committee Substitute*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | X | | | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 18** | **Total Nays: 0** | | | |

**HB 505 Amendments**

**Amendment 939447**

[X] *Adopted Without Objection*

**Appearances:**

Amendment 939447
Ryan, Joy (Lobbyist) - Waive In Support
Florida Insurance Council
Shareholder
300 S. Duval Street
Tallahassee, Florida 32303
Phone: 850-425-4000

Amendment 939447
Troncoso, Wences (Lobbyist) - Waive In Support
Florida Association of Health Plans
Vice President and General Counsel
1574 Village Square Blvd Suite 200
Tallahassee, Florida 32309
Phone: 850-212-3178

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

**Location:** Morris Hall (17 HOB)

**HB 505 : Insurance (continued)**

**Appearances: (continued)**

Miller, Lisa (Lobbyist) - Waive In Support
Security First Insurance Co.
Monroe Street
Tallahassee, Florida 32301

Murphy, BG (Lobbyist) - Waive In Support
Florida Association of Insurance Agents
Director of Government Affairs
3159 Shamrock St. South
Tallahassee, Florida 32309
Phone: 850-893-4155

Arnold, William (Lobbyist) - Waive In Support
American Integrity Insurance Company
Legislative Director
5426 Bay Center Dr., Ste. 600
Tampa, Florida 33609
Phone: 904-472-3633

Ashburn, Christine (Lobbyist) - Waive In Support
Citizens Property Insurance Corporation
Chief - Communications, Legislative & External Affairs
2101 Maryland Circle
Tallahassee, Florida 32303
Phone: 850-513-3757

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**HB 607 : Money Services Businesses**

[X] *Favorable*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | X | | | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 18** | **Total Nays: 0** | | | |

**Appearances:**

Mason, Ashley (Ash) (Lobbyist) (State Employee) (Lobbyist Appearance Form Submitted) - Waive In Support
Office of Financial Regulation
Legislative Affairs Director
200 E Gaines St. Ste 504
Tallahassee, Florida
Phone: (850) 410-9789

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**PCS for HB 799 : Property Insurance for Wind and Flood**

[X] *Favorable*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | X | | | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 18** | **Total Nays: 0** | | | |

**Appearances:**

Ashburn, Christine (Lobbyist) - Waive In Support
Citizens Property Insurance Corporation
Chief - Communications, Legislative & External Affairs
2101 Maryland Circle
Tallahassee, Florida 32303
Phone: 850-513-3757

Murphy, BG (Lobbyist) - Waive In Support
Florida Association of Insurance Agents
Director of Government Affairs
3159 Shamrock St. South
Tallahassee, Florida 32309
Phone: 850-893-4155

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

# COMMITTEE MEETING REPORT

## Insurance & Banking Subcommittee

### 3/9/2023 9:00AM

**Location:** Morris Hall (17 HOB)

**HB 881 : My Safe Florida Home Program**

[X] *Favorable With Committee Substitute*

| | *Yea* | *Nay* | *No Vote* | *Absentee Yea* | *Absentee Nay* |
|---|---|---|---|---|---|
| Adam Anderson | | | X | | |
| Christopher Benjamin | X | | | | |
| David Borrero | X | | | | |
| Adam Botana | X | | | | |
| Jennifer Canady | X | | | | |
| Tom Fabricio | X | | | | |
| Gallop Franklin II | X | | | | |
| Philip Griffitts, Jr. | X | | | | |
| Christine Hunschofsky | X | | | | |
| Rachel Plakon | X | | | | |
| Joel Rudman | X | | | | |
| Kevin Steele | X | | | | |
| Cyndi Stevenson | X | | | | |
| Allison Tant | X | | | | |
| John Temple | X | | | | |
| Chase Tramont | X | | | | |
| Marie Woodson | X | | | | |
| Wyman Duggan (Chair) | X | | | | |
| | **Total Yeas: 17** | **Total Nays: 0** | | | |

**HB 881 Amendments**

**Amendment 506423**

[X] *Adopted Without Objection*

**Appearances:**

Fernandez, Ivonne (Lobbyist) - Waive In Support
AARP
Associate State Director
3750 NW 87 Ave, Suite 650
Doral, Florida 33178
Phone: 954-850-7262

Carter, Tasha (Lobbyist) - Waive In Support
Office of the Insurance Consumer Advocate
Florida's Insurance Consumer Advocate
200 E. Gainses Street
Tallahassee, Florida 32399
Phone: 850-413-5923

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

**Location:** Morris Hall (17 HOB)

**HB 881 : My Safe Florida Home Program (continued)**

**Appearances: (continued)**

Stoweks, Austin (Lobbyist) - Waive In Support
Department of Financial Services
Legislative Affairs Director
200 East Gaines Street
Tallahassee, Florida 32399
Phone: 850-413-5939

**Committee meeting was reported out: Thursday, March 09, 2023 11:35AM**

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

| | | |
|---|---|---|
| ADOPTED | ____ | (Y/N) |
| ADOPTED AS AMENDED | ____ | (Y/N) |
| ADOPTED W/O OBJECTION | ✓ | (Y/N) |
| FAILED TO ADOPT | ____ | (Y/N) |
| WITHDRAWN | ____ | (Y/N) |
| OTHER | | |

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative Berfield offered the following:

**Amendment (with title amendment)**

Remove lines 23-107 and insert:

Section 1. Paragraph (d) of subsection (2) of section 626.8411, Florida Statutes, is amended to read:

626.8411 Application of Florida Insurance Code provisions to title agents or agencies.—

(2) The following provisions of part I do not apply to title insurance agents or title insurance agencies:

(d) Section 626.172, except for paragraph (2)(e) ~~(f)~~ of that section, relating to agent in full-time charge.

Section 2. Paragraph (j) of subsection (2) of section 627.062, Florida Statutes, is amended to read:

627.062 Rate standards.—

(2) As to all such classes of insurance:

(j) With respect to residential property insurance rate filings, the rate filing:

1. Must account for mitigation measures undertaken by policyholders to reduce hurricane losses.

2. May use a modeling indication that is the weighted or straight average of two or more hurricane loss projection models found by the Florida Commission on Hurricane Loss Projection Methodology to be accurate or reliable pursuant to s. 627.0628.

The provisions of this subsection do not apply to workers' compensation, employer's liability insurance, and motor vehicle insurance.

Section 3. Paragraph (b) of subsection (2) of section 627.0628, Florida Statutes, is amended to read:

627.0628 Florida Commission on Hurricane Loss Projection Methodology; public records exemption; public meetings exemption.—

(2) COMMISSION CREATED.—

(b) The commission shall consist of the following 12 members:

1. The insurance consumer advocate.

2. The senior employee of the State Board of Administration responsible for operations of the Florida Hurricane Catastrophe Fund.

3. The Executive Director of the Citizens Property Insurance Corporation or the director's designee. The director's designee must be a full-time employee of the corporation with either actuarial science experience or senior operations management experience.

4. The Director of the Division of Emergency Management or the director's designee. The director's designee must be a full-time employee of the division.

5. The actuary member of the Florida Hurricane Catastrophe Fund Advisory Council.

6. An employee of the office who is an actuary responsible for property insurance rate filings and who is appointed by the director of the office.

7. Five members appointed by the Chief Financial Officer, as follows:

a. An actuary who is employed full time by a property and casualty insurer that was responsible for at least 1 percent of the aggregate statewide direct written premium for homeowner insurance in the calendar year preceding the member's appointment to the commission.

b. An expert in insurance finance who is a full-time member of the faculty of the State University System and who has a background in actuarial science.

c. An expert in statistics who is a full-time member of the faculty of the State University System and who has a background in insurance.

d. An expert in computer system design who is a full-time member of the faculty of the State University System.

e. An expert in meteorology who is a full-time member of the faculty of the State University System and who specializes in hurricanes.

8. A licensed professional structural engineer who is a full-time faculty member in the State University System and who has expertise in wind mitigation techniques. This appointment shall be made by the Governor.

Section 4. Subsection (9) is added to section 627.0629, Florida Statutes, to read:

627.0629 Residential property insurance; rate filings.—

(9) An insurer may file with the office a personal lines residential property insurance rating plan that provides justified premium discounts, credits, or other rate differentials based on windstorm mitigation construction standards developed by an independent, nonprofit scientific research organization, if such standards meet the requirements of this section. Such plan must describe the manner in which the

insurer will document the existence of the mitigation features and premium discounts, credits, or other rate differentials created under such plan.

Section 5. Section 627.0665, Florida Statutes, is amended to read:

627.0665 Automatic bank withdrawal agreements; notification required.—Any insurer licensed to issue insurance in the state who has an automatic bank withdrawal agreement with an insured party for the payment of insurance premiums for any type of insurance shall give the named insured at least 10 ~~15~~ days advance written notice of any increase in policy premiums which results in the next automatic bank withdrawal being increased by more than $10. Such notice must be provided before ~~prior to~~ any automatic bank withdrawal containing the ~~of an~~ increased premium.

Section 6. Section 1. Subsection (1) of section 627.421, Florida Statutes, is amended to read:

627.421 Delivery of policy.—

(1) Subject to the insurer's requirement as to payment of premium, every policy shall be mailed, delivered, or electronically transmitted to the insured or to the person entitled thereto not later than 60 days after the effectuation of coverage. Notwithstanding any other provision of law, an insurer may allow a policyholder of personal lines insurance to affirmatively elect delivery of the policy documents, including,

but not limited to, policies, endorsements, notices, or documents, by electronic means in lieu of delivery by mail. Electronic transmission of a policy, related notices, and other documents for individual and group health insurance policies or certificates of coverage pursuant to parts VI and VII of this chapter, respectively; health maintenance contracts or certificates of coverage pursuant to part I of chapter 641; prepaid limited health service contracts pursuant to part I of chapter 636; and ~~for~~ commercial risks, including, but not limited to, workers' compensation and employers' liability, commercial automobile liability, commercial automobile physical damage, commercial lines residential property, commercial nonresidential property, farmowners insurance, and the types of commercial lines risks set forth in s. 627.062(3)(d), constitutes delivery to the insured or to the person entitled to delivery, unless the insured or the person entitled to delivery communicates to the insurer in writing or electronically that he or she does not agree to delivery by electronic means. ~~Electronic transmission shall include a notice to the insured or to the person entitled to delivery of a policy of his or her right to receive the policy via United States mail rather than via electronic transmission. A paper copy of the policy shall be provided to the insured or to the person entitled to delivery at his or her request.~~

Section 7. Paragraph (a) of subsection (2) and subsection (3) of section 627.712, Florida Statutes, are amended to read:

627.712 Residential windstorm coverage required; availability of exclusions for windstorm or contents.—

(2) A property insurer must make available, at the option of the policyholder, an exclusion of windstorm coverage.

(a) The coverage may be excluded only if:

1. When the policyholder is a natural person, the policyholder personally writes or types and provides to the insurer the following statement ~~in his or her own handwriting~~ and signs his or her name, which must also be signed by every other named insured on the policy, and dated: "I do not want the insurance on my (home/mobile home/condominium unit) to pay for damage from windstorms. I will pay those costs. My insurance will not."

2. When the policyholder is other than a natural person, the policyholder provides to the insurer on the policyholder's letterhead the following statement that must be signed by the policyholder's authorized representative and dated: "...(Name of entity)... does not want the insurance on its ...(type of structure)... to pay for damage from windstorms. ...(Name of entity)... will be responsible for these costs. ...(Name of entity's)... insurance will not."

(3) An insurer issuing a residential property insurance policy, except for a condominium unit owner policy or a tenant

policy, must make available, at the option of the policyholder, an exclusion of coverage for the contents. The coverage may be excluded only if the policyholder personally writes or types and provides to the insurer the following statement ~~in his or her own handwriting~~ and signs his or her signature, which must also be signed by every other named insured on the policy, and dated: "I do not want the insurance on my (home/mobile home) to pay for the costs to repair or replace any contents that are damaged. I will pay those costs. My insurance will not."

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**T I T L E A M E N D M E N T**

Remove lines 2-16 and insert:

An act relating to insurance; amending s. 626.8411, F.S.; correcting a cross reference; amending s. 627.062, F.S.; revising requirements for residential property insurance rate filings; amending s. 627.0628, F.S.; authorizing the appointment of two members of the Florida Commission on Hurricane Loss Projection Methodology; providing requirements for such designees; amending s. 627.0629, F.S.; authorizing insurers to file with the Office of Insurance Regulation personal lines residential property insurance rating plans relating to windstorm mitigation construction standards; providing requirements for such filings; amending s. 627.0665, F.S.; revising the timeframe for notices from insurers to insureds of

automatic bank withdrawal increases; specifying the increase threshold for such notices; amending s. 627.421, F.S.; allowing electronic delivery of insurance policy documents for certain health insurance policies, certificates of coverage, or contracts; eliminating requirements for paper delivery of certain insurance policies; amending s. 627.712, F.S.; allowing insurance policyholders to type the intent to decline certain coverage instead of handwriting it;

Amendment No. 1

| COMMITTEE/SUBCOMMITTEE ACTION | |
|---|---|
| ADOPTED | __ (Y/N) |
| ADOPTED AS AMENDED | __ (Y/N) |
| ADOPTED W/O OBJECTION | ✓ (Y/N) |
| FAILED TO ADOPT | __ (Y/N) |
| WITHDRAWN | __ (Y/N) |
| OTHER | ____ |

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative LaMarca offered the following:

**Amendment (with title amendment)**

Remove lines 72-249 and insert:

hurricane damage.

(b) The Department of Financial Services shall contract with wind certification entities to provide hurricane mitigation inspections. The inspections provided to homeowners, at a minimum, must include:

1. A home inspection and report that summarizes the results and identifies recommended improvements a homeowner may take to mitigate hurricane damage.

2. A range of cost estimates regarding the recommended mitigation improvements.

3. ~~Insurer-specific~~ Information regarding estimated premium discounts, correlated to the current mitigation features and the recommended mitigation improvements identified by the inspection.

(c) ~~(b)~~ To qualify for selection by the department as a wind certification entity to provide hurricane mitigation inspections, the entity must ~~shall~~, at a minimum, meet the following requirements:

1. Use hurricane mitigation inspectors who are licensed or certified as:

a. ~~Are certified as~~ A building inspector under s. 468.607;

b. ~~Are licensed as~~ A general, building, or residential contractor under s. 489.111;

c. ~~Are licensed as~~ A professional engineer under s. 471.015 ~~and who have passed the appropriate equivalency test of the building code training program as required by s. 553.841~~;

d. ~~Are licensed as~~ A professional architect under s. 481.213; or

e. A home inspector under s. 468.8314 and who have completed at least 3 hours of hurricane mitigation training approved by the Construction Industry Licensing Board, which training must include hurricane mitigation techniques and compliance with the uniform mitigation verification form and completion of a proficiency exam ~~Have at least 2 years of experience in residential construction or residential building inspection and~~

~~have received specialized training in hurricane mitigation procedures~~. ~~Such training may be provided by a class offered online or in person.~~

2. Use hurricane mitigation inspectors who also~~:~~

~~a.~~ have undergone drug testing and a level II background screening. The department may conduct criminal record checks of inspectors used by wind certification entities. Inspectors must submit a set of ~~the~~ fingerprints to the department for state and national criminal history checks and must pay the fingerprint processing fee set forth in s. 624.501. The fingerprints must ~~shall~~ be sent by the department to the Department of Law Enforcement and forwarded to the Federal Bureau of Investigation for processing. The results must ~~shall~~ be returned to the department for screening. The fingerprints must ~~shall~~ be taken by a law enforcement agency, designated examination center, or other department-approved entity~~; and~~

~~b. Have been certified, in a manner satisfactory to the department, to conduct the inspections~~.

3. Provide a quality assurance program including a reinspection component.

~~(c) The department shall implement a quality assurance program that includes a statistically valid number of reinspections.~~

(d) An application for an inspection must contain a signed or electronically verified statement made under penalty of

perjury that the applicant has submitted only a single application for that home.

(e) The owner of a site-built, single-family, residential property for which a homestead exemption has been granted may apply for and receive an inspection without also applying for a grant pursuant to subsection (2) and without meeting the requirements of paragraph (2)(a).

(2) MITIGATION GRANTS.—Financial grants shall be used to encourage single-family, site-built, owner-occupied, residential property owners to retrofit their properties to make them less vulnerable to hurricane damage.

(a) For a homeowner to be eligible for a grant, the following criteria must be met:

1. The homeowner must have been granted a homestead exemption on the home under chapter 196.

2. The home must be a dwelling with an insured value of $500,000 or less. Homeowners who are low-income persons, as defined in s. 420.0004(11), are exempt from this requirement.

3. The home must undergo ~~have undergone~~ an acceptable hurricane mitigation inspection as provided in subsection (1) ~~after July 1, 2008~~.

4. ~~The home must be located in the "wind-borne debris region" as that term is defined in the Florida Building Code.~~

~~5.~~ The building permit application for initial construction of the home must have been made before January 1, 2008.

5.~~6.~~ The homeowner must agree to make his or her home available for inspection once a mitigation project is completed.

An application for a grant must contain a signed or electronically verified statement made under penalty of perjury that the applicant has submitted only a single application and must have attached documents demonstrating the applicant meets the requirements of this paragraph.

(b) All grants must be matched on the basis of $1 provided by the applicant for $2 provided by the state up to a maximum state contribution of $10,000 toward the actual cost of the mitigation project.

(c) The program shall create a process in which contractors agree to participate and homeowners select from a list of participating contractors. All mitigation must be based upon the securing of all required local permits and inspections and must be performed by properly licensed contractors. ~~Mitigation projects are subject to random reinspection of up to at least 5 percent of all projects.~~ Hurricane mitigation inspectors qualifying for the program may also participate as mitigation contractors as long as the inspectors meet the

department's qualifications and certification requirements for mitigation contractors.

(d) Matching fund grants shall also be made available to local governments and nonprofit entities for projects that will reduce hurricane damage to single-family, site-built, owner-occupied, residential property. The department shall liberally construe those requirements in favor of availing the state of the opportunity to leverage funding for the My Safe Florida Home Program with other sources of funding.

(e) When recommended by a hurricane mitigation inspection, grants may be used for the following improvements:

1. Opening protection.

2. Exterior doors, including garage doors.

3. ~~Brace gable ends.~~

~~4.~~ Reinforcing roof-to-wall connections.

4.~~5.~~ Improving the strength of roof-deck attachments.

~~6. Upgrading roof covering from code to code plus.~~

5.~~7.~~ Secondary water barrier for roof.

The department may require that improvements be made to all openings, including exterior doors and garage doors, as a condition of reimbursing a homeowner approved for a grant. The department may adopt, by rule, the maximum grant allowances for any improvement allowable under this paragraph.

(f) Grants may be used on a previously inspected existing structure or on a rebuild. A rebuild is defined as a site-built, single-family dwelling under construction to replace a home that was destroyed or significantly damaged by a hurricane and deemed unlivable by a regulatory authority. The homeowner must be a low-income homeowner as defined in paragraph (g), must have had a homestead exemption for that home before ~~prior to~~ the hurricane, and must be intending to rebuild the home as that homeowner's homestead.

(g) Low-income homeowners, as defined in s. 420.0004(11), who otherwise meet the requirements of paragraphs (a), (c), (e), and (f) are eligible for a grant of up to $10,000 ~~$5,000~~ and are not required to provide a matching amount to receive the grant. ~~Additionally, for low-income homeowners, grant funding may be used for repair to existing structures leading to any of the mitigation improvements provided in paragraph (e), limited to 20 percent of the grant value.~~ The program may accept a certification directly from a low-income homeowner that the homeowner meets the requirements of s. 420.0004(11) if the homeowner provides such certification in a signed or electronically verified statement made under penalty of perjury.

(h) ~~The department shall establish objective, reasonable criteria for prioritizing grant applications, consistent with the requirements of this section.~~

~~(i)~~ The department shall develop a process that ensures the most efficient means to collect and verify grant applications to determine eligibility and may direct hurricane mitigation inspectors to collect and verify grant application information or use the Internet or other electronic means to collect information and determine eligibility.

(3) EDUCATION, ~~AND~~ CONSUMER AWARENESS, AND OUTREACH.—

(a) The department may undertake a statewide multimedia public outreach and advertising campaign to inform consumers of the availability and benefits of hurricane inspections and of the safety and financial benefits of residential hurricane damage mitigation. The department may seek out and use local, state, federal, and private funds to support the campaign.

(b) The program may develop brochures for distribution to Citizens Property Insurance Corporation, general contractors, roofing contractors, and real estate brokers and sales associates who are licensed under part I of chapter 475 which provide information on the benefits to homeowners of residential hurricane damage mitigation. Citizens Property Insurance Corporation is encouraged to distribute the brochure to policyholders of the Corporation.

---

**T I T L E A M E N D M E N T**

Remove lines 7-17 and insert:

granted a homestead exemption; revising the information provided to homeowners as part of a hurricane mitigation inspection; revising the hurricane mitigation inspectors that may be selected by the Department of Financial Services to provide hurricane mitigation inspections; deleting a provision requiring the department to implement a certain quality assurance program; revising the criteria for

w/s

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: HB 237

Amendment Barcode Number: _____

**Name:** Kenneth Pratt

**Representing:** Florida Bankers Association

Title: Senior VP of Governmental Affairs

Address: 1001 Thomasville Road Ste. 201

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-509-8020 Meeting Date: 3/9/23

Committee/Subcommittee: Insurance & Banking Subcommittee

Presentation/Workshop Topic: Legal Instruments

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 237

Amendment Barcode Number: _____

**Name:** FRENCH BROWN

**Representing:** Real Property, Probate, and Trust Law Section of the FL BAR

Title: Lobbyist

Address: 106 E. College Ave. Suite 1200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-459-0992 Meeting Date: 3/9/23

Committee/Subcommittee: I&B Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [X]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | |
|---|---|---|---|---|---|
| **Bill:** | Proponent [ ] | Opponent [ ] | Waive in Support [X] | Waive in Opposition [ ] | Info only [ ] |
| **Amendment:** | Proponent [ ] | Opponent [ ] | Waive in Support [ ] | Waive in Opposition [ ] | Info only [ ] |

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☐

Bill/PCS/PCB Number: HB 337

Amendment Barcode Number: _____

**Name:** Julie Lopez

**Representing:** Sarasota County Sheriff

Title: Communications Operator

Address: 6010 Cattlemdge Blvd

City: Sarasota State/Zip: FL 34232

Phone Number: 941-316-1201 Meeting Date: 3/9/2023

Committee/Subcommittee: Banking / Finance

Presentation/Workshop Topic: Workers Comp for PTSD

Registered Lobbyist: YES ☐ NO ☑

State Employee: YES ☐ NO ☑

☑ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☑ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 337

Amendment Barcode Number: _____

**Name:** CANDACE MATTHEWS

**Representing:** SARASOTA COUNTY SHERIFF'S OFFICE CIVILIAN CSIs

Title: CRIME SCENE MANAGER

Address: 6010 CATTLERIDGE BLVD

City: SARASOTA State/Zip: FL 34232

Phone Number: 941-861-5800 Meeting Date: 3/9/23

Committee/Subcommittee: BANKING AND FINANCE

Presentation/Workshop Topic: WORKERS COMP FOR PTSD

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [ ] NO [X]

[X] I wish to speak

[ ] Appearing in response to an inquiry for information made by member, committee, or staff

[ ] Appearing in response to subpoena

[ ] Appearing at the written request of the chair

[ ] Judge or elected officer appearing in official capacity

[ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent [X] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

**Amendment:** Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

W|S

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 337

Amendment Barcode Number: _____

**Name:** Michael Choate, Fire Chief

**Representing:** Florida Fire Chief's Association (FFCA)

Title: 2nd Vice President

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: PTSD

Registered Lobbyist: YES ☐ NO ☒

State Employee: YES ☐ NO ☐

☒ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent | ☐ | Opponent | ☐ | Waive in Support | ☒ | Waive in Opposition | ☐ | Info only ☐ |
| **Amendment:** | Proponent | ☐ | Opponent | ☐ | Waive in Support | ☐ | Waive in Opposition | ☐ | Info only ☐ |

W/S

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 0337

Amendment Barcode Number: _____

**Name:** Mick McHale

**Representing:** Florida Police Benevolent Assoc (PBA)

Title: Sr. Vice President

Address: 300 E Brevard Street

City: Tallahassee State/Zip: 32301

Phone Number: 800-~~3[illegible]~~-733-3722 Meeting Date: 3-9-23

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☐

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☒ Opponent ☐ Waive in Support ☒ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

WS

# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Insurance & Banking

Meeting Date: 3/9/23

- [x] Bill/PCS/PCB Number: 337
- [ ] Amendment Barcode Number:
- [ ] Presentation/Workshop Topic:

**Name:** AUSTIN STOWERS

**Representing:** CFO JIMMY PATRONIS

Title: Legislative Affairs Director

Address: 200 E Gaines

City: Tallahassee State/Zip: FL 32399

Phone Number: 850 413 5939

Registered Lobbyist: YES [x] * NO [ ]

**Registered lobbyists must have a House appearance record on file with the Public Integrity & Elections Committee (Rule 17.1(h))*

State Employee: YES [x] NO [ ]

- [ ] I wish to speak at the meeting
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent | [ ] | Opponent | [ ] | Waive in Support | [x] | Waive in Opposition | [ ] | Info only [ ] |
| **Amendment:** | Proponent | [ ] | Opponent | [ ] | Waive in Support | [ ] | Waive in Opposition | [ ] | Info only [ ] |

W/S

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: HB 337

Amendment Barcode Number: _____

**Name:** TASHA CARTER

**Representing:** Office of Insurance Consumer Advocate

Title: FL's Insurance Consumer Advocate

Address: 200 E. Gaines Street

City: Tallahassee State/Zip: FL/32399

Phone Number: 850-413-5923 Meeting Date: 3/9/23

Committee/Subcommittee: Insurance & Banking Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☑ NO ☐

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☒

Bill/PCS/PCB Number: HB505

Amendment Barcode Number: 939447

**Name:** Joy Ryan

**Representing:** Florida Insurance Council

Title: Shareholder

Address: 300 S. Duval St

City: _____ State/Zip: 32303

Phone Number: 850-425-4000 Meeting Date: 3-9-23

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: ~~N/A~~

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☒

☑ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☑ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

u/s

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☑

Bill/PCS/PCB Number: HB 505

Amendment Barcode Number: 939447

**Name:** Wences Troncoso

**Representing:** Florida Association of Health Plans

Title: VP and General Counsel

Address: 1574 Village Square Blvd Suite 200

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 212 3178 Meeting Date: 3/9/23

Committee/Subcommittee: Insurance and Banking Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☑ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD w/s

Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

☒ Bill ☐ Amendment

**Bill Number (If Applicable):** 505

**PCB/PCS/Amendment #:**

**Name:** Lisa Miller

**Representing:** Security First Ins Co

**Title:**

**Address:** Monroe St

**Address (cont):**

**City:** Tall

**State:** FL **Zip Code:** 32301

**Phone Number:** **Meeting Time:** 9 am

**Committee/Subcommittee:** Insurance

**Presentation/Workshop Topic:** Insurance

**Registered Lobbyist:** ⊘ Yes ○ No

**State Employee:** ○ Yes ○ No

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

- ☐ **I Wish To Speak**
- ☐ **Appearing in response to an inquiry for information made by member, committee or staff**
- ☐ **Appearing in response to subpoena**
- ☐ **Appearing at the written request of the chair**
- ☐ **Judge or elected officer appearing in official capacity**
- ☐ **Lobbyist Appearance Form Submitted Online**

Waiving in support

**Bill:** ⊘ Proponent ○ Opponent ○ Info Only ○ N/A

**Amendment:** ○ Proponent ○ Opponent ○ Info Only ○ N/A

H-116 (2016)

# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Please fill out the entire form and submit two copies to the Committee Administrative Assistant at the meeting.

☑ Bill ☐ Amendment

Bill Number (If Applicable): SOS

PCB/PCS/Amendment #:

Name: BG Murphy

Representing: Florida Association of Insurance Agents

Title: Director of Government Affairs

Address: 3159 Shamrock Street S.

Address (cont):

City: Tallahassee

State: FL Zip Code: 32309

Phone Number: 850-893-4155 Meeting Time: 9:00

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: Insurance

Registered Lobbyist: ◉ Yes ○ No

State Employee: ○ Yes ◉ ~~No~~

(If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.)

☐ I Wish To Speak

☐ Appearing in response to an inquiry for information made by member, committee or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance Form Submitted Online

Waive

Bill: ◉ Proponent ○ Opponent ○ Info Only ○ N/A

Amendment: ○ Proponent ○ Opponent ○ Info Only ○ N/A

w/s

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 505

Amendment Barcode Number: _____

**Name:** William Arnold

**Representing:** American Integrity Insurance Company

Title: Legislative Director

Address: 5426 Bay Center Dr, Ste 600

City: Tampa State/Zip: FL 33609

Phone Number: 904-472-3633 Meeting Date: 3/9/2023

Committee/Subcommittee: Insurance and Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☒

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☑ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

u/s

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 505

Amendment Barcode Number: _____

**Name:** Christine Ashburn

**Representing:** Citizens Property Insurance

Title: Chief, Communications, Legislative + External Affairs

Address: 2101 Maryland Circle

City: Tallahassee State/Zip: FL 32303

Phone Number: 8509135133757 Meeting Date: 3/9/23

Committee/Subcommittee: Insurance + Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

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# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **March 09, 2023 9:00 AM**

- [x] Bill/PCS/PCB Number: **HB 607 : Money Services Businesses**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

**Name:** **Mason, Ashley (Ash)**

**Representing:** **Office of Financial Regulation**

Title: **Legislative Affairs Director**

Address: **200 E Gaines St, Ste 504**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 410-9789**

- [x] Registered Lobbyist
- [x] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

| Bill |
| --- |
| **Waive In Support** |
| Amendment |

w/s

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: HB-881

Amendment Barcode Number: _____

**Name:** Ivonne Fernandez

**Representing:** AARP

Title: Associate State Director.

Address: 3750 NW 87th Ave Suite 650

City: Doral State/Zip: FL/33178

Phone Number: 954-850-7262 Meeting Date: 03/09/23

Committee/Subcommittee: Insurance & Banking Subc.

Presentation/Workshop Topic: HyS.

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [ ]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent [ ] | Opponent [ ] | Waive in Support [X] | Waive in Opposition [ ] | Info only [ ] |
| **Amendment:** | Proponent [ ] | Opponent [ ] | Waive in Support [ ] | Waive in Opposition [ ] | Info only [ ] |

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## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 881

Amendment Barcode Number: _____

**Name:** Tasha Carter

**Representing:** Office of the Insurance Consumer Advocate

Title: Florida's Insurance Consumer Advocate

Address: 200 E. Gaines Street

City: Tallahassee State/Zip: FL 32399

Phone Number: 850.413.5923 Meeting Date: 03.09.23

Committee/Subcommittee: Insurance and Banking Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☑ NO ☐

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

**Bill:** Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

**Amendment:** Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Insurance + Banking

Meeting Date: 3/9/23

- [x] Bill/PCS/PCB Number: 881
- [ ] Amendment Barcode Number:
- [ ] Presentation/Workshop Topic:

**Name:** Austin Stowers

**Representing:** Department of Financial Services

Title: Legislative Affairs Director

Address: 200 E Gaines

City: Tallahassee State/Zip: FL 32399

Phone Number: 850 413 5939

Registered Lobbyist: YES [x] * NO [ ]

**Registered lobbyists must have a House appearance record on file with the Public Integrity & Elections Committee (Rule 17.1(h))*

State Employee: YES [x] NO [ ]

- [ ] I wish to speak at the meeting
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent [ ] | Opponent [ ] | Waive in Support [x] | Waive in Opposition [ ] | Info only [ ] |
| **Amendment:** | Proponent [ ] | Opponent [ ] | Waive in Support [ ] | Waive in Opposition [ ] | Info only [ ] |

4/5

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 799

Amendment Barcode Number: _____

**Name:** Christine Ashburn

**Representing:** Citizens Property Insurance Corporation

Title: Chief, Communications, Legislative + External Affairs

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: _____ Meeting Date: 3/9/23

Committee/Subcommittee: Insurance + Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

- ☐ I wish to speak
- ☐ Appearing in response to an inquiry for information made by member, committee, or staff
- ☐ Appearing in response to subpoena
- ☐ Appearing at the written request of the chair
- ☐ Judge or elected officer appearing in official capacity
- ☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent ☐ | Opponent ☐ | Waive in Support ☑ | Waive in Opposition ☐ | Info only ☐ |
| **Amendment:** | Proponent ☐ | Opponent ☐ | Waive in Support ☐ | Waive in Opposition ☐ | Info only ☐ |

W/S

## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐ ~~H~~ PCS

Bill/PCS/PCB Number: 799

Amendment Barcode Number: ~~[illegible]~~

**Name:** BG Murphy

**Representing:** Florida Association of Insurance Agents

Title: Director of Government Affairs

Address: 3159 Shamrock Street South

City: Tallahassee State/Zip: FL, 32309

Phone Number: 850-893-4155 Meeting Date:

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic:

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☐ I wish to speak

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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bill:** | Proponent | ☑ | Opponent | ☐ | Waive in Support | ☑ | Waive in Opposition | ☐ | Info only ☐ |
| **Amendment:** | Proponent | ☑ | Opponent | ☐ | Waive in Support | ☑ | Waive in Opposition | ☐ | Info only ☐ |