Insurance & Banking Subcommittee

Tuesday, March 14, 2023
11:30 AM - 2:30 PM
Morris Hall (17 HOB)

Action Packet

Paul Renner
Speaker

Wyman Duggan
Chair

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

Summary:

Insurance & Banking Subcommittee

Tuesday March 14, 2023 11:30 am

PCS for HB 541	Favorable	Yeas: 15	Nays: 0
HB 599	Favorable	Yeas: 16	Nays: 0
HB 677	Favorable With Committee Substitute	Yeas: 12	Nays: 4
	Amendment 600057 Adopted Without Objection		
HB 721	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 887327 Adopted Without Objection		
HB 793	Favorable	Yeas: 17	Nays: 0
HB 987	Favorable	Yeas: 12	Nays: 5

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

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: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

PCS for HB 541 : Motor Vehicle Glass

[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: 15	**Total Nays: 0**			

Appearances:

Feijoo, George (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Insurance Council
Consultant
108 South Monroe Street
Tallahassee, FL 32301
Phone: 850-681-0024

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

Butler, Tray (General Public) - Opponent
At Home Autoglass
Employee
7632 16th Street East
Sarasota, FL 34243
Phone: 941-518-4150

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

Location: Morris Hall (17 HOB)

PCS for HB 541 : Motor Vehicle Glass (continued)

Appearances: (continued)

Arnold, Rob (General Public) - Waive In Opposition
Mr. Auto Glass
President
640 Brooker Creek Boulevard, Suite 420
Oldsmar, FL 34677
Phone: 717-485-4281

Williams, Jeremiah (General Public) - Opponent
Bay Area Auto Glass
3710 37th Street North
St. Petersburg, FL 33713
Phone: 727-510-3409

Camp, Bill (General Public) - Opponent
At Home Auto Glass
Owner
5632 15th Street East
Sarasota, FL 34243
Phone: 941-536-4509

Ligori, Keith (General Public) - Opponent
All Glass Stops of Florida
Attorney
1711 West Kennedy Boulevard
Tampa, FL 33606
Phone: 813-494-1286

Basford, Adam (Lobbyist) - Waive In Support
Associated Industries of Florida
Vice President of Government Affairs
516 North Adams
Tallahassee, FL 32301
Phone: 352-538-4299

Kunde, Chad (Lobbyist) - Proponent
Florida Chamber of Commerce
Director of Business Climate and Governance Policy
136 South Bronough Street
Tallahassee, FL 32301
Phone: 850-766-7896

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

Location: Morris Hall (17 HOB)

PCS for HB 541 : Motor Vehicle Glass (continued)

Appearances: (continued)

Stowers, Austin (Lobbyist) (State Employee) - Waive In Support
CFO Jimmy Patronis
Legislative Affairs Director
200 East Gaines Street
Tallahassee, FL 32399
Phone: 850-413-2863

Delegal, Mark (Lobbyist) - Proponent
State Farm Mutual Automobile Ins. Company
Lobbyist

Kalifeh, Ashley (Lobbyist) - Proponent
FJRI
Lobbyist
124 West Jefferson Street
Tallahassee, FL 32303
Phone: 850-222-9075

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

HB 599 : Debt Management Services

[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: 16	**Total Nays: 0**			

Appearances:

Mallette, Kelly (Lobbyist) - Proponent
Financial Counseling Association of America
Lobbyist
104 West Jefferson Street
Tallahassee, FL 33021
Phone: 850-224-3427

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

HB 677 : Interchange Fees on Taxes

[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: 12	**Total Nays: 4**			

HB 677 Amendments

Amendment 600057

[X] *Adopted Without Objection*

Appearances:

Thrower, Hillary (General Public) - Waive In Support
The Home Depot
Senior Manager, State & Local Government Relations
2455 Paces Ferry Road
Atlanta, GA 30339
Phone: 706-618-2632

Brown, French (Lobbyist) - Proponent
Florida Retail Federation and Florida Restaurant and Lodging Association
Lobbyist
106 East College Avenue Suite 1200
Tallahassee, FL 32301
Phone: 850-410-9544

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

Location: Morris Hall (17 HOB)

HB 677 : Interchange Fees on Taxes (continued)

Appearances: (continued)

Rothell, John (Lobbyist) - Opponent
Florida Credit Union Association
Senior Director of Government Affairs
3692 Coolidge Court
Tallahassee, FL 32311
Phone: 850-322-1635

DiMarco, Anthony (Lobbyist) - Opponent
Florida Bankers Association
Executive Vice President of Government Affairs
1001 Thomasville Rd Suite 201
Tallahassee, FL 32303
Phone: 850-224-2265

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

HB 721 : Paid Family Leave 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: 16	**Total Nays: 0**			

HB 721 Amendments

Amendment 887327

[X] *Adopted Without Objection*

Appearances:

Smith, Zayne (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
AARP
Director of Advocacy
215 South Monroe Street Suite 603
Tallahassee, FL 32301
Phone: 850-228-4243

Leonard, Curtis (Lobbyist) - Information Only
American Council of Life Insurers
Vice President of State Relations
150 South Monroe Street Suite 206
Tallahassee, FL 32301
Phone: 850-386-6668

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

HB 793 : Collateral Protection Insurance on Real Property

[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:

DiMarco, Anthony (Lobbyist) - Proponent
Florida Bankers Association
Executive Vice President of Government Affairs
1001 Thomasville Rd
Tallahassee, FL 32303
Phone: 850-224-2265

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

3/14/2023 11:30AM

Location: Morris Hall (17 HOB)

HB 987 : Public Deposits

[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: 12	**Total Nays: 5**			

Appearances:

Flowers, Thomas (General Public) - Proponent
Calhoun Liberty Credit Union
CEO
16076 State Road 71 South
Blountstown, FL 32414
Phone: 850-643-6200

Petronio, Daniel (General Public) - Opponent
Capital City Bank
Senior Vice President, Commerical Real Estate & Specialty Lending Executive
1831 Lakeshore Lane
Tallahassee, FL 32312
Phone: 407-765-6342

Rothell, John (Lobbyist) - Proponent
Florida Credit Union Association
Senior Director of Government Affairs
3692 Coolidge Court
Tallahassee, FL 32311
Phone: 866-231-0545

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

Location: Morris Hall (17 HOB)

HB 987 : Public Deposits (continued)

Appearances: (continued)

Brockelman, Matt (Lobbyist) - Waive In Support
VyStar Credit Union
76 South Laura Street
Jacksonville, FL 32202
Phone: 904-420-5868

Taylor, Darryl - Proponent
Florida Credit Union
Superintendent of Schools Calhoun, G-20
20859 Calhoun Avenue East
Blountstown, FL 32421
Phone: 850-647-5927

DiMarco, Anthony (Lobbyist) - Opponent
Florida Bankers Association
Vice President of Government Affairs
1001 Thomasville Rd Suite 201
Tallahassee, FL 32303
Phone: 850-224-2265

Committee meeting was reported out: Tuesday, March 14, 2023 7:52PM

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 Caruso offered the following:

Amendment

Remove lines 47-82 and insert:

software that routes information and data to conduct electronic payment transaction authorization, clearance, and settlement; and

2. A merchant or seller uses to accept as a form of payment a brand of debit card, credit card, or other device that may be used to carry out electronic payment transactions.

(g) "Settlement" means the transfer of funds from a customer's account to a seller or merchant upon electronic submission of finalized sales transactions to the payment card network.

(h) "Tax" means all taxes and fees levied under chapter 212 and s. 125.0104.

(2) The amount of tax listed separately on the payment invoice, sales slip, or other evidence of sale must be excluded from the amount on which an interchange fee is charged for that electronic payment transaction.

(3) A payment card network shall either:

(a) Deduct the amount of tax imposed from the calculation of interchange fees specific to each form or type of electronic payment transaction; or

(b) Rebate an amount of interchange fee proportionate to the amount attributable to the tax.

(4) The deduction or rebate must occur at the time of settlement when the merchant or seller is able to capture and transmit tax amounts relevant to the sale at the time of sale as part of the transaction finalization.

(5) If a merchant or seller is unable to capture and transmit tax amounts relevant to the sale at the time of sale, the merchant or seller shall have 180 days to submit proof of tax amounts or sales data to the payment card network. Such proof may include tax returns filed with the Department of Revenue or local taxing authorities. The payment card network shall proportionally rebate the amount of interchange fee to the merchant or seller or credit the merchant or seller's settlement account within 30 days.

(6) A payment card network that violates this section is subject to a civil penalty of up to $1,000 per violation and shall refund the surcharge to each merchant or seller.

Section 2. This act shall take effect October 1, 2023.

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 Chaney offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Subsection (1) of section 624.406, Florida Statutes, is amended to read:

624.406 Combinations of insuring powers, one insurer.—An insurer which otherwise qualifies therefor may be authorized to transact any one kind or combination of kinds of insurance as defined in part V except:

(1) A life insurer may also grant annuities, but shall not be authorized to transact any other kind of insurance except health insurance, disability income insurance, paid family leave insurance, excess coverage for health maintenance organizations,

or excess insurance, specific and aggregate, for self-insurers of a plan of health insurance and multiple-employer welfare arrangements.

Section 2. Section 624.6086, Florida Statutes, is created to read:

624.6086 "Paid family leave insurance" defined.—

(1) "Paid family leave insurance" is insurance issued to an employer which is related to a benefit program provided to an employee to pay for a percentage or portion of the employee's income loss due to:

(a) The birth of a child or adoption of a child by the employee;

(b) Placement of a child with the employee for foster care;

(c) Care of the employee's family member who has a serious health condition; or

(d) Circumstances arising out of the fact that the employee's family member who is a servicemember is on active duty or has been notified of an impending call or order to active duty.

(2) Paid family leave insurance may be issued to and purchased by an employer as an amendment or a rider to a group disability income policy, included in a group disability income policy, or issued as a separate group insurance policy.

(3) As used in this section, the terms "child," "family

leave," and "family member" have the same meanings as provided in s. 627.445(1).

Section 3. Section 627.445, Florida Statutes, is created to read:

627.445 Paid family leave insurance.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Armed Forces of the United States" means an officer or enlisted member of the Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard of the United States, the Florida National Guard, and the United States Reserve Forces.

(b) "Child" means a person who is:

1. Under 18 years of age, or 18 years of age or older and incapable of self-care because of a mental or physical disability; and

2. A biological, adopted, or foster son or daughter; a stepson or stepdaughter; a legal ward; or a son or daughter of a person to whom the employee stands in loco parentis.

(c) "Family leave" is any leave taken by an employee from work for any of the circumstances specified in subsection (4).

(d) "Family member" includes a child, spouse, or parent, or other person defined as a family member of the employee in the policy.

(e) "Health care provider" means any hospital licensed under chapter 395 and any health care institution licensed under chapter 400 or chapter 429 or a individual licensed under

chapter 458, chapter 459, chapter 460, chapter 461, chapter 464, or chapter 466.

(f) "Parent" means a biological, foster, or adoptive parent; a stepparent; a legal guardian; or other person who stood in loco parentis to the employee when the employee was a child.

(g) "Serious health condition" means an illness, injury, impairment, or physical or mental condition, including, but not limited to, pregnancy complications that threaten the life of the mother or unborn child; transplantation preparation and recovery from surgery related to organ or tissue donation, which involves inpatient care in a hospital, hospice, or residential health care facility; continuing treatment; or continuing supervision by a health care provider. Continuing supervision by a health care provider includes a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective and where the family member need not be receiving active treatment by a health care provider.

(4) COVERED FAMILY LEAVE BENEFITS.—Family leave insurance benefits provided in a paid family leave insurance policy may be provided for any leave taken by an employee from work for any of the following circumstances:

(a) Participation in providing care, including physical or psychological care, for a family member made necessary by a serious health condition of the family member;

(b) Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption by or foster care with the employee;

(c) Addressing a qualifying exigency as interpreted under the Family and Medical Leave Act of 1993, 29 U.S.C. s. 2612(a)(1)(E) and 29 C.F.R. s. 825.126(a)(1)-(8), arising out of the fact that the spouse, child, or parent of the employee is on active duty or has been notified of an impending call or order to active duty in the Armed Forces of the United States;

(d) Caring for a family injured in the line of duty with the Armed Forces of the United States; or

(e) Caring for a family member or other leave as specified in the policy.

(5) REQUIRED POLICY SPECIFICITY.—The policy must specify:

(a) Details and requirements with regard to each of the covered circumstances specified in subsection (4),

(b) The length of family leave benefits available for each covered circumstance, which may not be less than 2 weeks during a period of 52 consecutive calendar weeks.

(c) Whether there is an uncovered waiting period, and if so, the terms and conditions of the uncovered waiting period, which may include, but are not limited to, whether:

1. The period runs over a consecutive calendar day period;

2. The period is counted toward the annual allotment of

covered family leave benefits or is in addition to the annual allotment of covered family leave benefits;

3. The period must be met only once per benefit year or must be met for each separate claim for benefits; and

4. The employee may work or receive paid time off or other compensation during the period.

(d) The amount of benefits that will be paid for covered circumstances provided in subsection (4).

(e) The definition of the wages or other income upon which the amount of benefits will be issued.

(f) How such wages or other income will be calculated.

(g) If the family leave benefits are subject to offsets for wages or other income received or for which the insured may be eligible, all such wages or other income that may be set off and the circumstances under which it may be offset.

(h) The frequency of payments due for covered benefits.

(6) For purposes of this section, 52 consecutive calendar weeks may be calculated by:

(a) A calendar year;

(b) Any fixed period starting on a particular date, such as the effective or anniversary date of the policy;

(c) The employee's hiring date or anniversary of hiring date;

(d) The period measured forward from the employee's first day of family leave;

(e) A rolling period measured by looking back from the employee's first day of family leave; or

(f) Any other method specified in the policy.

(7) PERMISSIBLE LIMITATIONS, EXCLUSIONS, OR REDUCTIONS.—Eligibility for family leave benefits under this section may be limited, excluded, or reduced, but any limitation, exclusion, or reduction must be specified in the policy and not conflict with the Insurance Code. Permissible limitations, exclusions, or reductions may be made for the following:

(a) For any period wherein the required notice and medical certification as prescribed in the policy has not been provided;

(b) For any leave related to a serious health condition or other harm to a family member brought about by a willful act by the employee;

(c) For any period during which the employee performed work for remuneration or profit;

(d) For any period for which the employee is eligible to receive remuneration or maintenance from her or his employer, or from a fund to which the employer has contributed;

(e) For any period during which the employee is eligible to receive benefits under any other statutory program or employer-sponsored program, including, but not limited to, unemployment insurance benefits, workers' compensation benefits, or any paid time off or employer's paid leave policy;

(f) For any period commencing before the employee becomes

eligible for family leave benefits under the policy; or

(g) For periods where more than one person seeks family leave for the same family member under the same policy, unless the policy specifies otherwise.

(h) other reasons specified in the policy.

(8) PAYMENT OF FAMILY LEAVE BENEFITS.—Family leave benefits provided under a policy that complies with this section must be paid periodically and promptly, as specified in the policy, except as to a contested period of family leave and subject to any of the limitations, exclusions, or reductions permitted under subsection (7).

(9) INSURANCE POLICY.—

(a) Rates for policies or riders providing paid family leave insurance benefits must be calculated in accordance with the rate standards provided in s. 627.062.

(b) Forms for policies or riders providing paid family leave insurance benefits are subject to review by the office under s. 627.410.

(c) A policy issued under to this section must be issued as provided in s. 624.6086(2).

(10) RULEMAKING.—The commission may adopt rules to implement this section.

Section 6. This act shall take effect upon becoming a law.

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

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to paid family leave insurance; amending s. 624.406, F.S.; authorizing life insurers to transact paid family leave insurance; creating s. 624.6086, F.S.; defining terms; creating s. 627.445, F.S.; defining terms; specifying circumstances under which family leave benefits may be provided; requiring paid family leave insurance policies to specify details and requirements with regard to covered circumstances; specifying requirements for policies relating to benefit periods, waiting periods, benefit amounts and certain offsets, and the payment of benefits; providing that eligibility for family leave benefits may be limited, excluded, or reduced but must be specified in the policy; specifying permissible limitations, exclusions, and reductions; providing applicable provisions for calculating rates; specifying the means by which a policy may offer family leave benefits; authorizing the Financial Services Commission to adopt rules; providing an effective date.

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WP

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

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 599

Amendment Barcode Number: _____

Name: Kelly Mallette

Representing: Financial Counseling Association of America

Title: _____

Address: 104 West Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 224-3427 Meeting Date: 03/14/23

Committee/Subcommittee: Insurance and Banking

Presentation/Workshop Topic: Debt Management Services

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 ☐

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: 677

Amendment Barcode Number: _____

Name: Hillary Thrower

Representing: The Home Depot

Title: Sr. Manager, State & Local Govt. Relations

Address: 2455 Paces Ferry Rd

City: Atlanta State/Zip: GA 30339

Phone Number: (706) 618-2632 Meeting Date: 3-14-23

Committee/Subcommittee: Ins. & Banking

Presentation/Workshop Topic: Interchange Fees on Taxes

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: 677

Amendment Barcode Number: _____

Name: FRENCH BROWN

Representing: FLORIDA RETAIL FEDERATION AND FLORIDA Restaurant & Lodging ASSN

Title: Lobbyist

Address: 106 E. College Ave, Suite 1200

City: Tallahassee, FL State/Zip: 32301

Phone Number: 8504590982 Meeting Date: 3/14/23

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [X] NO [ ]

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 [ ]

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: 677

Amendment Barcode Number: _____

Name: John Rothe VI

Representing: FL Credit Union Association

Title: Sr. Director of Gov. Affairs

Address: 3692 Coolidge Ct.

City: Tallahassee State/Zip: FL 32311

Phone Number: 850-322-1635 Meeting Date: 3/14/23

Committee/Subcommittee: Ins. + 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

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

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 677

Amendment Barcode Number: _____

Name: Anthony DiMarco

Representing: Florida Bankers Association

Title: EVP of Govt. Affairs

Address: 100 E Jennings Ave

City: Tallahassee State/Zip: FL/32303

Phone Number: 850-224-2265 Meeting Date: 3/14

Committee/Subcommittee: Ins. & 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 ☐

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: _____

Amendment Barcode Number: _____

Name: CURTIS LEONARD

Representing: AMERICAN COUNCIL OF LIFE INSURERS

Title: REG. VP STATE RELATIONS

Address: 150 S. MONROE St. Ste 206

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 386 6668 Meeting Date: 3/14/23

Committee/Subcommittee: INS. S'CEE

Presentation/Workshop Topic: H. 721

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 [ ]

84704425

w/s

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Meeting Date: **March 14, 2023 11:30 AM**

- [x] Bill/PCS/PCB Number: **HB 721 : Paid Family Leave Insurance**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Smith, Zayne**

Representing: **AARP**

Title: **Director of Advocacy**

Address: **215 S Monroe St, Suite #603**

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

Phone Number: **(850) 228-4243**

- [x] Registered Lobbyist
- [ ] 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	Amendment
Waive In Support	

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: 793

Amendment Barcode Number: _____

Name: Anthony DiMarco

Representing: Florida Bankers Association

Title: EVP of Government Affairs

Address: 1001 Thomasville Rd

City: Tallahassee State/Zip: FL / 32303

Phone Number: (850) 224-2265 Meeting Date: 3/14/23

Committee/Subcommittee: Ins & 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 ☐

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: 987

Amendment Barcode Number: _____

Name: Thomas G Flowers

Representing: Calhoun Liberty Credit Union

Title: CEO

Address: 16076 SR 71 South

City: Blountstown State/Zip: FL

Phone Number: 850-643-6200 Meeting Date: 3-14-23

Committee/Subcommittee: Fins & Banking Sub Com

Presentation/Workshop Topic: _____

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 [ ]

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: 987

Amendment Barcode Number: ~~987~~

Name: Daniel Petronio

Representing: Capital City Bank

Title: SVP, Commercial & Real Estate & Specialty Lending Executive

Address: 1831 Lakeshore Ln

City: Tallahassee State/Zip: FL 32312

Phone Number: 407-765-6342 Meeting Date: 3/14/23

Committee/Subcommittee: House Insurance and Banking

Presentation/Workshop Topic: HB 987

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 ☑ Amendment ☐

Bill/PCS/PCB Number: 987

Amendment Barcode Number: _____

Name: John Rothell

Representing: FL Credit Union Association

Title: Sr. Director of Goverment Affairs

Address: 3692 Coolidge Ct.

City: Tallahassee State/Zip: FL 32311

Phone Number: 850-322-1635 Meeting Date: 3/14/23

Committee/Subcommittee: Ins. & 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

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

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 987

Amendment Barcode Number: _____

Name: Matt Brockelman

Representing: VyStar Credit Union

Title: _____

Address: 76 S. Laura St.

City: Jacksonville State/Zip: FL 32202

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☒

☐ I wish to speak Waive in Support only

☐ 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 ☑ Amendment ☐

Bill/PCS/PCB Number: 987

Amendment Barcode Number: _____

Name: Daryl Taylor

Representing: FL Credit Union

Title: Superintendent of Schools Calhoun

Address: 20859 Central Ave E. Rm G-20

City: Blountstown State/Zip: FL / 32421

Phone Number: (850) 674-5727 Meeting Date: 3-14-23

Committee/Subcommittee: FIS & 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

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

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 987

Amendment Barcode Number: _____

Name: Anthony DiMarco

Representing: Florida Bankers Association

Title: EVP of Government Affairs

Address: 1001 Thomasville Rd

City: Tallahassee State/Zip: FL/32303

Phone Number: (850) 224-2265 Meeting Date: 3/14/25

Committee/Subcommittee: Ins. & 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 ☐

38404988

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Meeting Date: **March 14, 2023 11:30 AM**

- [x] Bill/PCS/PCB Number: **PCS for HB 541**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Feijoo, George**

Representing: **Florida Insurance Council**

Title: **Consultant**

Address: **108 S Monroe St**

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

Phone Number: **(850) 681-0024**

- [x] Registered Lobbyist
- [ ] 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

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: 541

Amendment Barcode Number: _____

Name: BG Murphy

Representing: Florida Association of Insurance Agents

Title: Director of Government Affairs

Address: 3159 Shamrock St. S.

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-893-4155 Meeting Date: 3/14

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: Auto-Glass

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 ☑ Amendment ☐

Bill/PCS/PCB Number: 541

Amendment Barcode Number: _____

Name: Tray Butler

Representing: At Home Autoglass

Title: Employee

Address: 7632 15th St E

City: Sarasota State/Zip: _____

Phone Number: 941 518 4150 Meeting Date: 3/14/23

Committee/Subcommittee: Ins / Bnking

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

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

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 541

Amendment Barcode Number: _____

Name: Rob Arnold

Representing: Mr. Auto Glass

Title: _____

Address: 640 Brooker Creek Blvd Suite 420

City: Oldsmar State/Zip: FL 34677

Phone Number: (727) 455-4281 Meeting Date: 3/14/23

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 ☐

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: 541

Amendment Barcode Number: _____

Name: JEREMIAH VILLIAMS

Representing: BAY AREA AUTO GLASS

Title: MR

Address: 3710 37th St N

City: ST PETE State/Zip: FL 33713

Phone Number: 727/510/3409 Meeting Date: 3/14/23

Committee/Subcommittee: Ins/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 [ ]

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: 541

Amendment Barcode Number: _____

Name: Bill Camp

Representing: At Home Auto Glass

Title: Owner

Address: 5632 15th St E

City: Sarasota State/Zip: FL 34243

Phone Number: 941-536-4589 Meeting Date: 3-14-23

Committee/Subcommittee: ~~HB 541~~ Insurance + Banking

Presentation/Workshop Topic: _____

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 [ ] Opponent [X] 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: 531

Amendment Barcode Number: _____

Name: Keith Ligon

Representing: All Glass Shops of Florida

Title: Attorney

Address: 1711 N. Kennedy Blvd.

City: Tpa State/Zip: FL

Phone Number: 813-494-1286 Meeting Date: 3/14/23

Committee/Subcommittee: Insurance + Banking

Presentation/Workshop Topic: How bill affects citizens of Florida

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 [ ] Opponent [X] 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 ☒ Amendment ☐

Bill/PCS/PCB Number: 541

Amendment Barcode Number: _____

Name: Adam Basford

Representing: Associated Industries of FL

Title: VP-Govt Affairs

Address: 516 N Adams

City: Tallahassee State/Zip: FL 32301

Phone Number: _____ Meeting Date: 3/14/23

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 ☐

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: 541

Amendment Barcode Number: _____

Name: Chad Kunde

Representing: Florida Chamber of Commerce

Title: Director of Business Climate and Governance Policy

Address: 136 S Bronough St

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 716-7896 Meeting Date: 3/14/23

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 ☐

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 541

Amendment Barcode Number: _____

Name: TASHA CARTER

Representing: Office of the Insurance Consumer Advocate

Title: FL'S Insurance Consumer Advocate

Address: 200 E. Gaines Street

City: Tallahassee State/Zip: FL / 32399

Phone Number: 850-413-2868 Meeting Date: March 14, 2023

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

Committee/Subcommittee: Insurance & Banking

Meeting Date: 3/14

- [x] Bill/PCS/PCB Number: 541
- [ ] 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 [ ]

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: 541

Amendment Barcode Number: _____

Name: Mark Delegal

Representing: State Farm Mutual Automobile Ins. Company

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

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 ☐

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: 541

Amendment Barcode Number: _____

Name: Ashley Kalifeh

Representing: FJRI

Title: lobbyist

Address: 124 W. Jefferson St.

City: Tallahassee State/Zip: FL

Phone Number: 222-4075 Meeting Date: 3/3/23

Committee/Subcommittee: Appr; Rules

Presentation/Workshop Topic: antitrust

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

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(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 ☐