

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/12/19

Name: Jillian Froment

Are you representing: Yourself \_\_\_\_\_ Organization Ohio Dept of Ins

Organization (If Applicable): \_\_\_\_\_

Position/Title: Director

Address: 50 W Town Street Suite 300 Columbus OH 43215

City: Columbus State: OH Zip: 43215

Best Contact Telephone: 614-728-1059 Email: jillian.froment@insurance.ohio.gov

Do you wish to be added to the committee notice email distribution list? Yes \_\_\_\_\_ No

Business before the committee

Legislation (Bill/Resolution Number): \_\_\_\_\_

Specific Issue: Overview of ODI

Are you testifying as a: Proponent NA Opponent NA Interested Party NA

Will you have a written statement, visual aids, or other material to distribute? Yes  No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 15 min

Please provide a brief statement on your position:

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*