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Insurance is Where “Average” Will no Longer go to Thrive

By Shefi Ben-Hutta

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Letter from the Editor

By Ailen Okharedia

Welcome to the September 2017 edition of *NewsDirect*. We have a collection of interesting, informative and very topical articles in this issue.

In this edition, we have articles that cover a wide range of topics including:

- Insurance is Where "Average" Will No Longer Go to Thrive: A look at what went wrong in our trillion-dollar industry and what is being done.
- Microinsurance: Striving to Provide Valuable Insurance Coverage to Billions of Emerging Consumers Globally
- DOL Fiduciary Regulation—Where are We Now?

Have you ever wanted to become a published author? We are always looking for people to contribute articles to *NewsDirect* with fresh ideas and new perspectives on topics that are relevant to our MaD mission. If you have an idea for an article that you'd like to write, please contact me or any MaD council member.

Also, I would love to get feedback on this edition from anyone who reads any or all of the articles. What did you like? What would you like to see in the next edition? Do you have suggestions for particular authors or subjects? What changes could we make so that you receive the most possible value from reading *NewsDirect*? Please drop me a note to let me know what you think.

I hope you enjoy this edition of *NewsDirect*!

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Insurance Is Where "Average" Will No Longer Go To Thrive

A look at what went wrong in our trillion-dollar industry and what is being done

By Shefi Ben-Hutta

Saying "Insurers are risk averse" is as true as saying "Driving is safe." But driving isn't safe. It can only be safer. The truth is, everyone takes risks, even by not taking risks.

So, let's get one thing out of the way—insurers do innovate.

Recall these sparks of innovation: In 1963, State Farm supported the introduction of ZIP codes by the postal service and encouraged employees to add ZIP codes to mailings. In the mid-1990s, Progressive began to work on the concept of Pay as You Drive, which is now known to most as Snapshot. At least 11 insurers take part in the Automated Driving Insurance Group (ADIG), which was launched in 2015, and is on a mission to tackle the changes needed to make sure driverless cars are safe and comply with regulations. Also, there are several blockchain initiatives such as B3i and R3 that are seeing to it that insurance professionals collaborate in the research and design of blockchain applications that can streamline insurance processes in claims handling and data management. Last, a favorite of mine, is the amount of auto insurance brands that have launched a unique ridesharing coverage in the last two years to support on-demand drivers.

If insurers do innovate, so what's the problem? Two problems, really. They don't innovate quickly, and have not been effective communicators. While insurers spend a lot of money selling insurance, they don't do a good job explaining insurance. These two pain points—lack of agility and lack of relevance in voice and branding—has created a void that has attracted new entrants—some fueled by venture capital (VC) funding. And nothing fuels a discussion on disruption like money does, especially when it is not your money.

Billions of investment dollars later and things are changing:

RISING AD BUDGETS

When it comes to marketing, big ad budgets remain the sole competitive advantage of top insurers. Whether it's Progressive recruiting Susan Lucci, GEICO bringing on Boyz II Men, or Esurance deploying "DIY Ditties" with the Scott Brothers. With big budgets off limits, new entrants turn to untargeted territories (NYC-based renters and homeowners' insurance provider Lemonade targets the uninsured), modern media (UK-based digital broker Bought By Many leveraged the power of group buying via social media to attract clients), and affinity partnerships (small business insurance broker Next recently announced a collaboration with American Express, which it hopes will help it attract more small business insurance seekers). Some tactics are more successful than others, however, new entrants can take comfort in the fact that the top 10 P&C insurers in the U.S. by direct premiums written (DPW) in 2016 only control ~50 percent of the market.

USAGE-BASED INSURANCE

Whether insurance is a commodity or not, customers' purchase intentions is a reflection of whether they think they are paying a fair price—different than the lowest price. Turns out, that one of the arguments (and there are many) for keeping humans in the insurance buying equation is because they can upsell coverage, as opposed to customers purchasing via online aggregators that sort by price. This notion of fair pricing—tricky as it may be—is the by-product of usage-based insurance players deployed by both incumbents (Examples: Amica Mutual, Progressive) and startups (Examples: Cuvva, Root, Trov).

INNOVATION IN PAYMENTS

Pay-per-use pricing, when use is measured by miles, seconds or even the level of activity (think of Vitality) is not for everyone. Another trend gaining traction is the availability of policies with monthly payments. It allows insurers such as Friday and Wilov to attract those afraid of commitment.

DIGITAL CHANNELS AND DISINTERMEDIATION

In the last five years, 244 insurance brands were formed with the promise of a better distribution model, whether via web, mobile, mobile-only, or a combination of these channels. This trend is being deployed by incumbents and new organizations alike as evident by the table below.

In general, digital strategy is best described as a series of attempts to hit different demographics via different platforms via different/more relevant products.

Disintermediation will follow. After all, the purchase of simple insurance products that are easy to grasp and unprofitable to write, FAQs, and simple policy changes shouldn't require a trusted advisor. And in many cases, these actions have been automated (more on that later). To digress a bit, digital pundits with a love for people will rationalize the use of independent agents with it's a relationship-business followed by advocacy. And yet, insurance = contract = law, and law is a precise endeavor. Which is precisely why, when education and transparency go up, advocacy goes down and so will the need for insurance agents.

PREVENT AND PROTECT

Advances in IoT and access to more comprehensive data sources are allowing insurers to move to a prevention-based model. These strategies are prevalent in auto (telematics), home (connected home devices), work comp (workers' safety), as well as manufacturing facilities (IIoT).

FRAUD DETECTION

According to ThreatMetrix $1 in $3 dollars in the U.S. is spent online; contributing to the rise in cyber fraud. Next-generation data companies such as Carpe Data, which taps into social data to detect fraudulent claims, or ThreatMetrix, which allows insurers to integrate real-time digital identity intelligence, or Tractable, which offers AI software that can review and assess images of damaged vehicles, all play a part in the ongoing trend of using of advanced analytics and tools to improve information security and predict, detect and analyze fraud.

AUTOMATION

There are several use-cases where incumbents or new entrants simplify and improve the service process from FNOL, to claims handling (see Tractable above), to policy endorsements, and even inventory tracking. It's a win-win.

In sum, there's a lot of talk about technology. Innovation is not technology. Innovation is a combination of underwriting, claims, marketing, operations and R&D, where the customer is confident the seller owns the process. Take for example Dollar Shave Club (DSC), which was acquired by Unilever for $1B last year. The 5-year-old startup did not manufacture its razors, which according to most were average quality to begin with. Just like the DSC, it will take a combo of fair price, awesome marketing, and a good product-to-market fit to change history.

On a positive note, you don't have to own the risk to win the game. ■

Shefi Ben-Huta is the founder and senior editor at Coverager. She can be reached at *shefi@coverager.com*.

Microinsurance: Striving to Provide Valuable Insurance Coverage to Billions of Emerging Consumers Globally

By Michael Weilant, Michael McCord and Katie Biese

Emerging consumers in developing markets represent a huge opportunity for insurers that operate in increasingly saturated insurance markets. Billions of individuals face myriad risks every day as they strive to provide for their families, grow their businesses, and protect their health and livelihoods. Yet so many of them lack access to basic safety nets or insurance, and one adverse shock can wipe out any gains and lock them into poverty traps. Is it possible to effectively and sustainably serve this market with insurance? The answer is yes: with microinsurance!

WHAT IS MICROINSURANCE?

Though dozens of definitions exist and are much debated, microinsurance in the most basic sense can be described as insurance that has been adapted to meet the needs of low-income populations. More formally, microinsurance products are risk-pooling products that are designed to be appropriate for the low-income market in relation to price, terms, coverage, and delivery mechanisms.[1] Similarly, the International Association of Insurance Supervisors (IAIS) defines microinsurance as "insurance that is accessed by low-income populations, provided by a variety of different entities, run in accordance with generally accepted insurance practices."[2] Designing for specific markets is something that insurers have done for well more than a hundred years. This particular market segment just requires a clear understanding of its needs and abilities, the same way we might understand these issues in other market segments.

THE MICROINSURANCE PARADIGM

In order to provide valuable insurance coverage for low-income populations while still providing a fair profit for insurers, microinsurance products must be SUAVE: simple, understood, accessible, valuable and efficient. The SUAVE methodology[3] is designed to develop sustainable microinsurance products that not only benefit the client but also the distributor and insurer:

- **Simple:** It is essential—products must have clear terms and conditions that are easily understood and explained. Yes, this means eliminating some common exclusions in traditional policies. Documentation and procedures must be easy for clients and beneficiaries to accomplish. Many good microinsurance products can fit the key information onto a document the size of a business card, or into a 160-character SMS text message.

- **Understood:** The product is more likely to be understood if it is simple. Nevertheless, it is important for insurers to have plans and processes in place for ensuring that low-income clients and beneficiaries know what is covered by their policies—and this means more than simply providing a policy document or statement of coverage. Often this means incorporating an educational approach to marketing.

- **Accessible:** Accessibility is important for all aspects of the insurance experience—from marketing to premium collection, policy questions, claims payments and dispute mechanisms. Low-income people have unique income streams and cycles, as well as different daily routines and touch points than the traditional insurance markets. Processes must be designed with the local context in mind such that they minimize the costs and stress involved.

- **Valuable:** Products must have value for the end client as well as the insurer and distribution channel. Therefore, product design must be informed by the realities of the target market, and offer value in terms of both claims and service. It also must be priced properly, so as to be affordable and still provide a **fair** profit to providers.

- **Efficient:** A key factor linking these initial four criteria is that the entire offering must be efficient. Administrative costs rather than claims can be the driving factor of profitability for insurers[4]; thus, reducing distribution and administrative costs is critical. This is increasingly done with new technologies. Partnerships can link insurers with large client bases more efficiently than individual sales forces. And, of course, this means tracking key performance indicators and processes so as to fully understand underlying costs.

Emerging consumers in developing markets represent a huge opportunity for insurers.

This sounds straightforward, but is microinsurance really working in practice? Yes! Estimates from landscape studies of microinsurance show that microinsurance has increased in outreach from 78 million lives insured in 2005 to about 263 million as of 2014.

WHAT TYPES OF MICROINSURANCE PRODUCTS ARE CURRENTLY OFFERED GLOBALLY?

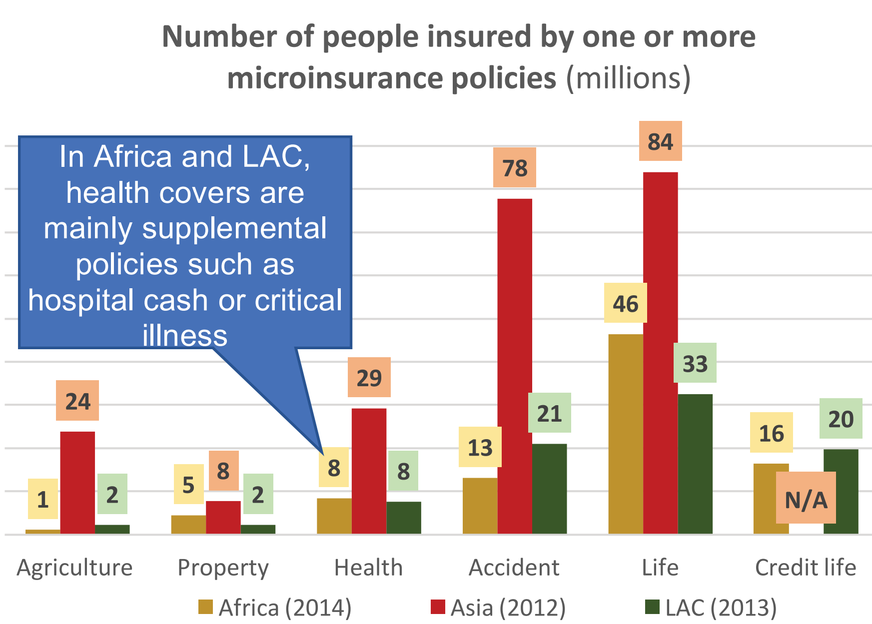
As Figure 1 depicts, short-term life and personal accident products dominate the microinsurance market thus far. However, we are seeing product evolution toward more voluntary products, more health and property coverage, and more bundled products. From 2011 to 2014 health microinsurance in Africa experienced the highest growth rate. This was largely driven by an increase in supplemental products, such as hospital cash, that are designed to complement existing government health coverage and cover other out-of-pocket expenses that can be burdensome to low-income people. These products are less costly to deliver as they don't require complex claims adjustment processes. Similarly, critical illness and hospitalization products dominate health microinsurance in Latin America, where they are primarily offered as a secondary coverage bundled with a credit life or term life policy. With agriculture and climate change big on many global agendas, a number of donors and public-private partnerships are trying to address risk protection for smallholder farmers by developing index insurance programs. While increasing in number in Africa and Asia, most of these programs have yet to reach scale and sustainability.

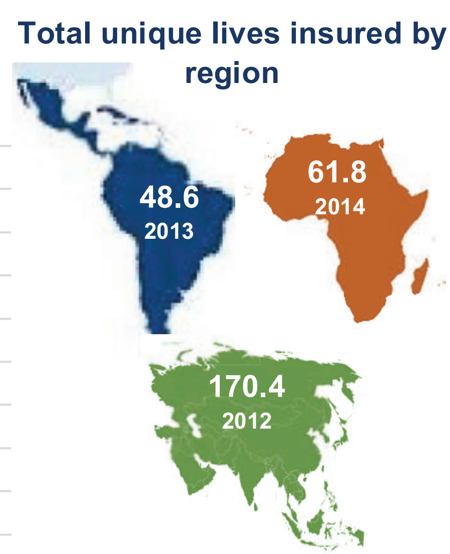
DISTRIBUTION IS THE KEY—DRIVEN BY TECHNOLOGY

Perhaps one of the most important aspects of ensuring SUAVE microinsurance is in its delivery—insurers must meet low-income people where they are, and they must do so efficiently. This means many of the channels often used in traditional insurance will not be appropriate. In the early days of microinsurance, insurers looked to microfinance institutions (MFIs) to distribute products to their clients; this was a natural partnership as MFIs were dedicated to offering financial services to low-income people. However, only a small percentage of global low-income people are members of microfinance institutions. Thus, in order to truly expand the market, other channels are necessary. As of a 2014 estimate, only 25 percent of all microinsurance was distributed via MFIs in Latin America, and just 15 percent of insureds were reached by MFIs in Africa.[5] Other distribution channels that have facilitated the expansion of microinsurance include cooperatives, agriculture input suppliers, banking correspondents, utility companies, post offices, remittance offices, pawn shops, rural banks and more.

Technology is increasingly expanding the range of possible channels and helping to reduce costs of selling and servicing low-premium policies. One of the most prolific channels over the last five years has been mobile phones, which have been

Figure 1.
Number of insureds globally - microinsurance





Source: Landscape of microinsurance in Africa 2015 (Microinsurance Network), Landscape of Microinsurance in Latin American and the Caribbean 2014: A Changing Market (Microinsurance Network), Landscape of Microinsurance in Asia and Oceania 2013 (Munich Re Foundation) used both passively and actively to provide insurance coverage and service products. In some cases, specific applications like WhatsApp have been used as a medium for those interactions. As of July 2017, two technical services providers alone facilitate over 80 million policyholders, primarily through mobile networks.

Indeed, InsurTech is playing a role in addressing several of the core challenges of microinsurance. A recent study by Cenfri, an independent think-tank based in South Africa, focused on financial inclusion and scoped almost 160 InsurTech initiatives and how they are responding to challenges in microinsurance, most of which are linked to distribution.

Many of the lessons in efficiency that the microinsurance market must learn out of necessity, are applicable and can be leveraged in the traditional insurance market as well—an added benefit beyond a contribution to the bottom line and building market share.

Figure 2:
Microinsurance Challenges and Solutions

Insurance challenge	Technology	Example application
Lack of information on low-income customers (e.g., fewer with formal identification, formal employment, asset ownership, etc.)	Alternative/big/digital data allow for improved knowledge of customer. Artificial intelligence (AI) and machine learning Digital communication	Using mobile call data, social network interactions, sensors, or retail purchase history to inform risk profile/premiums Use of predictive analytic models in early stages Use of car sensors, wearables to increase real-time access to high volumes of data
Customers beyond current reach (low-income people are informally employed, often rural, and largely unbanked, and beyond the reach of traditional channels like branches, agents, and employers)	Technology-enabled partnerships with mobile network operators (MNOs) Digital platforms	Technology has facilitated partnerships with aggregators beyond traditional channels, in particular mobile insurance platforms Accessing platforms, point-of-service (POS) devices, tablets, laptops, and mobile phones makes sales and servicing accessible from almost any location
Different and new customer needs (e.g., manner and timing of premium collection and claims payments, documentation required, and appropriate types of coverage)	Peer-to-peer (P2P) platforms that explicitly adapt to needs of specific groups	P2P platforms offer group-specific covers, such as divorce cover, and the members can collectively decide on terms and rules for servicing Bundling a health insurance product with access to a doctor or nurse hotline, periodic health tips, and access to health loans
Consumers inexperienced with formal financial services (in particular insurance, as well as generally lower literacy levels)	Digital platforms can provide interactive, tailored advice Real-time data analytics	Use of USSD and SMS text messaging, icons, and chat boxes to provide more information and guidance through the insurance processes Monitor and respond to consumers in real time, identifying when consumer interactions are needed
Constrained business models (low-cost premiums require high-volume sales)	Digital platforms that allow bundling with services beyond insurance	Use of digital payment channels to collect premiums and pay claims Use of blockchain to verify transactions Use of satellite data to verify claims

Source: Authors' summary of: Smit, Herman, Cat Denoon-Stevens, Antonia Esser. InsurTech for Development: A Review of Insurance Technologies and Applications in Africa, Asia, and Latin America. Cenfri, March 2017. See http://www.microinsurancenetwork.org/sites/default/files/Cenfri%20InsurTech%20for%20Development%20Research%20Study.pdf.

Microinsurance is no panacea on its own, and requires a paradigm shift from insurers—and especially their actuaries—to understand and address proportionately the real risks and needs of the low-income market, and to design, offer and service SUAVE products. Making that shift and commitment may be the key to unlocking the insurance market of the future. ■

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ENDNOTES

1 VIX is a volatility index developed by the Chicago Board Options Exchange that tracks the implied volatility based on the prices of options on the S&P 500 index.

2 The VIX is used as the implied volatility for simplicity. In reality, the implied volatility varies by option type (call or put), term of the option contract and the level of exercise price (in-the-money/at-the-money/out-of-the-money option).

3 Here ROI is the internal rate of return (IRR). It is the discount rate that makes the NPV equals to 0.

4 Koven, R.C. & McCord, M.J. (October 1, 2014). Is there a business case for microinsurance. Best's Review. Retrieved July 31, 2017, from http://www.microinsurancecentre.org/resources/documents/business-case-for-microinsurance/is-there-a-business-case-for-microinsurance.html.

5 McCord, M., Biese, K., & Sarpong, M.M. (2014). The Landscape of Microinsurance in Latin America and the Caribbean 2014: A Changing Market. Luxembourg: Microinsurance Network; and Biese, K. & McCord, M. (2015). The Landscape of Microinsurance in Africa 2015. Luxembourg: Microinsurance Network.

DOL Fiduciary Regulation—Where are We Now?

By Susan Krawczyk

In July 2017, the Department of Labor (DOL) published a request for information (RFI), opening another set of comment periods, to assist it in the examination directed by President Trump of the DOL's investment advice fiduciary regulation (fiduciary regulation) and related prohibited transaction exemptions (together, the Final Rule) adopted April 8, 2016.[1] The RFI was issued just a few weeks after a modified version of the Final Rule became applicable on June 9, 2017. The prospect of yet further changes to or delays in the full implementation of the Final Rule begs the question: Where are we now? Or more importantly, where are we going?

RULEMAKING AND OTHER DEVELOPMENTS DURING 2017

When President Trump took office in January, the Final Rule was scheduled to become applicable on April 10, 2017. On Feb. 3, 2017, just two weeks after his inauguration, President Trump issued a memorandum (President's memo)[2] directing the DOL to examine whether the Final Rule may adversely affect the ability of Americans to gain access to retirement information and financial advice, and to prepare an updated economic and legal analysis concerning the likely impact of the Final Rule as part of the examination. The President's Memo also directed the DOL to commence a rulemaking rescinding or revising the Final Rule if the DOL makes an affirmative determination on three considerations posed by the memo, or concludes for any other reason that the Final Rule is inconsistent with Administration priorities. (The three considerations relate to whether the anticipated applicability of the Final Rule: has harmed or will harm investors; has resulted in disruptions or dislocations in the retirement services industry; or is likely to cause an increase in litigation and an increase in prices for access to retirement services. The Administration's priorities are to empower Americans to make their own financial decisions, to facilitate their ability to save for retirement and build the individual wealth necessary to afford typical lifetime expenses, and to withstand unexpected financial emergencies.)

In response to the issuance of the President's memo, the DOL issued a document[3] on March 2, 2017 (March Delay Proposal) requesting comments on a proposed 60-day delay of the applicability date of the Final Rule, for which the DOL established a 15-day comment period closing on March 17, 2017. The DOL reported receiving approximately 193,000 comments and petition letters by March 17, 2017, addressing the proposed 60-day delay. On April 6, 2017, the DOL's document approving a final rule (Final Delay Rule) delaying the applicability date for 60 days to June 9, 2017, as originally proposed, was published in the Federal Register. The Final Delay Rule also included modification of the transition period provisions in the Best Interest Contract (BIC) Exemption and Principal Transactions Exemption that were adopted as part of the Final Rule, and the addition of a transition period provision to Prohibited Transaction Exemption (PTE) 84-24, which had been amended as part of the Final Rule.[4]

The March Delay Proposal also requested comment on the questions raised in the President's Memo and generally on questions of law and policy concerning the Final Rule, for which the DOL established a 45-day comment period ending April 17, 2017. More than 300 letters were submitted after the close of the first comment period to address these questions. The comment letters predictably reflected a split between consumers and consumer groups who favor immediate and full enforcement of the Final Rule, and most retirement industry service providers who advocate for delays, substantial revisions and/or repeal of the Final Rule or parts of it. The DOL has yet to publish any rulemaking in response to these comments.

After the Final Delay Rule took effect, the DOL issued an RFI, published in the Federal Register on July 6, 2017,[5] requesting public comments on a further delay of the applicability date for full compliance with the BIC Exemption—beyond Jan. 1, 2018—for which DOL established a 15-day comment period, ending July 21, 2017. The RFI also requested information on recent market developments, now that the Final Delay Rule has taken effect, as well as possible new prohibited transaction exemptions. In particular the RFI requested comment on the impact if DOL eliminated or substantially altered the BIC Exemption's written contract requirement or eliminated the warranty requirements for IRAs. The RFI also requested comment on whether the DOL should consider a more streamlined exemption for recent market innovations, such as "clean shares" and fee-based annuities. The DOL established a 30-day period, ending Aug. 7, 2017, for comments on these requests. Then, in a document published in the Federal Register on Aug. 31, 2017[6], the DOL requested comment on a further extension of the transition period provisions for 18 months, until July 1, 2019. The comment period for this proposal ends Sept. 15, 2017.

On June 1, 2017, before the Final Delay Rule took effect, Securities and Exchange Commission chair Jay Clayton issued a public statement requesting comment on the "standard of conduct" under the securities laws that should be applicable to investment advisers and broker-dealers serving retail investors, including retirement investors.[6] No end-date was set for these comments. On yet another track, a bill in the U.S. House of Representatives, the Financial Choice Act, would apply the SEC's standard to advice provided to retirement accounts by broker-dealers and investment advisers in lieu of the Final Rule (or similar rule adopted by DOL).[7] Meanwhile, legal challenges to the Final Rule continue to make their way through the courts.[8] Notably, a brief filed on behalf of the DOL in July 2017 signaled that the government has determined that the BIC Exemption's provision restricting class-action litigation waivers in pre-dispute arbitration clauses should be vacated from the exemption.[9] On Aug. 30, 2017, the DOL issued a "field assistance bulletin" announcing a non-enforcement policy with regard to the arbitration limitations in the BIC Exemption and Principal Transaction Exemption.[11]

WHERE ARE WE NOW?

The Final Delay Rule delayed the applicability date and modified (or added) transition period conditions in the PTEs, but did not alter in any way the fiduciary regulation that is the foundation for the Final Rule. Consequently, after June 9, 2017, any person who receives compensation for recommending an annuity or life insurance policy to or for a qualified retirement plan or IRA is potentially an investment advice fiduciary and must avoid prohibited transactions (such as receipt of insurance commissions from an insurance company) except in accordance with the conditions of an applicable PTE.

As noted above, the Final Delay Rule did modify or add transition conditions for the initial transition period (currently still set to end Jan. 1, 2018) under the PTEs. In the case of the BIC Exemption, during the transition period, the Final Delay Rule imposes only the condition that the financial institution and adviser relying on the exemption comply with the Impartial Conduct Standards. (The Impartial Conduct Standards require that investment advice be in the "best interest" of the retirement investor, that compensation received by the financial institution, adviser, affiliates and related entities, be "reasonable," and that no misleading statements be made about investment transactions, compensation or conflicts of interest.) The Final Delay Rule thus eliminated the disclosure notice requirement and certain other conditions that had been included in the BIC Exemption's transition period safe harbor as originally adopted.

In the case of amended PTE 84-24, the Final Delay Rule effectively created a transition period by restoring historical provisions making the PTE available for the sale of all annuities, including variable and indexed annuities, to qualified plans and IRA accounts, and deferred until Jan. 1, 2018 the provision restricting the PTE to fixed-rate annuities and life insurance. This restoration provides a path forward—at least for the transition period—for sales of indexed annuities by insurance agents who are not associated with broker-dealers or investment advisers (and therefore could not rely on the BIC Exemption). Indeed, the litigation challenging the Final Rule has focused in part on the restriction of amended PTE 84-24 to fixed-rate annuities, particularly because the DOL was unable to finalize a PTE for insurance intermediaries before the applicability date for the Final Rule.

WHAT'S ON THE TABLE?

The DOL has yet to publish the results of its examination of the Final Rule and considerations referenced in the President's memo. In light of the President's directive, the DOL's requests in the Delay Proposal and RFI, and the public comments submitted so far, it appears that the following changes or revisions may be open for consideration:

- An additional delay in the full implementation of the Final Rule, beyond Jan. 1, 2018 (as noted above, DOL has proposed extending the delay until July 1, 2018).
- Potential curtailment of the scope of advice triggering the investment advice fiduciary regulation, particular with regard to recommendations to make or increase contributions to a plan or IRA.
- Elimination of the written contract requirement in the case of financial institutions and advisers relying on the BIC Exemption (when fully implemented).
- Modification of the written disclosures mandated by the BIC Exemption (when fully implemented).
- Retention of the broadened scope of amended PTE 84-24 to cover all annuities, and not just fixed-rate annuities.

WHAT'S NEXT

The DOL needs to complete its examination of the Final Rule and issue a rulemaking reflecting its conclusions, specifically, whether to further delay full implementation of the Final Rule, and whether to make changes to the investment advice fiduciary regulation or the conditions of any of the PTEs. Industry commenters have urged the DOL to move quickly on any delay decision, both to delay full implementation for a significant period of time beyond Jan. 1, 2018 and to announce the delay soon, so that the industry has sufficient time to implement appropriate changes in an orderly fashion.

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ENDNOTES

1 81 Fed. Reg. 20946 et seq. (Apr. 10, 2016).

2 82 Fed. Reg. 9675 (Feb. 7, 2017).

3 82 Fed. Reg. 12319 (Mar. 2, 2017).

4 82 Fed. Reg. 16902 (Apr. 7, 2017).

5 82 Fed. Reg. 31278 (Jul. 6, 2017).

6 82 Fed. Reg. 41365 (Aug. 31, 2017).

7 The Statement is posted at https://www.sec.gov/news/public-statement/statement-chairman-clayton-2017-05-31.

8 Financial CHOICE Act of 2017, H.R. 10, 115th Cong. (2017).

9 Plaintiffs-Appellants' Emergency Motion for an Injunction Pending Appeal, Chamber of Commerce U.S.A. et al., v. Dep't of Labor et al., No. 17-10238, 2017 WL 1284187 (5th Cir. Mar. 21, 2017).

10 See Brief for Appellees at 59, Chamber of Commerce U.S.A. et al., v. Dep't of Labor et al., No. 3:16-cv-1530 (N.D. Tex. July 3, 2017), appeal docketed, No. 17-10238, 2017 WL 1284187 (5th Cir. Apr. 5, 2017).

11 Field Assistance Bulletin No. 2017-03 is posted at https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/field-assistance-bulletins/2017-03.

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