



To Whom It May Concern:

Thank you for the opportunity to comment on the proposed addition of Rules 90008.1 through 90008.6 to Title 10 of the California Code of Regulations. Earnin appreciates the Department's dedication to transparency and collaboration with all stakeholders in the policymaking process. We look forward to continuing to work with you. Earnin's suggestions are the following, underlined in green:

Rule 90008.2: Definitions.

When used in this Article, the terms defined in Section 90005 of the Financial Code shall have the same meanings set forth in that section. In addition, the following definitions shall apply to terms when used in this Article:

(a) "Complaint" means an expression of dissatisfaction from a complainant regarding a financial product or service, a covered person, or a service provider.

Earnin takes consumer complaints very seriously as well as its responsibility to prevent unfair or deceptive acts or practices of its products and services, as defined under Section 5 of the Federal Trade Commission Act.

We recommend categorizing complaints into two buckets:

1) Complaints in which Earnin will respond within 15 business days, if extension is needed the complainant will be informed.

High Profile Complaint (more prone to needing an extension if additional stakeholders are involved):

- A high profile complaint is:
 - Any complaint that alleges discrimination or another legal violation;
 - Any complaint that could hurt the company's reputation, bottom line or ability to do business; and
- A formal complaint filed with the following:
 - Local, state or federal law or regulatory agencies,
 - A member of Congress or a Congressional committee,
 - A member of a State Legislature or State Legislative Committee
 - A state or federal Attorney General or other state or federal law enforcement agencies, and

- Better Business Bureau (BBB).

Business As Usual Complaint:

A "Business As Usual Complaint" is defined as:

- A direct request to file a complaint;
- A direct request to speak with or be referred to a manager or supervisor;
- A statement that a consumer has made multiple attempts to resolve an issue and has not received resolution to his/her satisfaction;
- A statement that a process has taken too long without resolution; and
- Resolution timeframe: within 15 business days, if extension is needed the complainant will be informed.

2) Complaints in which Earnin will not be required to respond.

Nuisance Complaint:

- Profanity
- Threats
- Complaints with no intent for resolution, including repeats of such complaints

(b) "Complainant" means the consumer who filed the complaint, including a representative or other individual with authority to act on the consumer's behalf.

We recommend limiting complainants to those who have personally used the service at least once in the last five (5) years.

(c) "Denied complaint" means a complaint for which the covered person has made a final decision to not take any corrective action.

(d) "Final decision" means the conclusion that the covered person, after due consideration and any necessary investigation, has reached regarding the complaint, and has communicated to the complainant.

(e) "Inquiry" means a question or request for information, interpretation, or clarification about a financial product or service, a covered person, or a service provider.

We recommend adding a definition for "Inquirer" to include anyone requesting for information, interpretation, or clarification about a financial product or service offered by a covered person, or a service provider.

Rule 90008.3: Complaint Processes and Procedures.

A covered person shall respond to consumer complaints and shall develop and implement written policies and procedures for responding to complaints, including the process through which a complainant may submit a complaint to the covered person and receive a final decision. The Department may review the complaint process, including records of each complaint received, to assess the effectiveness of the policies and actions taken in responding to complaints.

We propose adding an ability for covered persons to verify a customer's identity before responding to complaints, as we do under the CCPA. Identity verification is a customer data protection measure as complaints and/or responses may contain personally identifiable information (PII). Identity verification also helps ensure the complaint was made by the actual customer and not a data thief.

(a) The complaint process shall include the following procedures regarding the initiation of a complaint.

(1) The covered person shall prepare a complaint form for its customers to use in submitting written complaints. The complaint form shall be available in electronic format on the covered person's website and, upon request, in paper format at each physical location of the covered person accessible to its customers. The complaint form shall include, at a minimum, the following:

- 1) We suggest "customers" to be replaced by "consumers" for consistency purposes throughout this draft.
- 2) Our mobile platform is our main method of service and communication with consumers (website is our secondary method). We do not have a brick and mortar location to serve consumers. We believe our consumers would prefer and find it easier to interact with us via their normal method of interaction with us. We propose that throughout this draft, that complaints, inquiries, and communication with consumers can be via the primary method of service for each provider, without requiring a specific method as long as consumers are serviced adequately.

(A) A description of the complaint process,

(B) A field for the complainant's name,

(C) A field for the complainant's telephone number,

(D) A field for the complainant's mailing address,

(E) A field for the complainant's e-mail address,

(F) A field for the complainant to explain the nature and details of the complaint, and

(G) An opportunity for the complainant to attach supporting documentation.

(2) All written communications to each consumer of a financial product or service shall disclose the procedures for filing complaints with the covered person both orally and in writing. In at least 12-point boldface font, the disclosure shall also inform consumers they may submit to the Department any complaints not resolved to their satisfaction using the form available at <https://dfpi.ca.gov/file-a-complaint/> and contact the Department with questions at 866-275-2677.

(3) The main page of the website for the covered person shall prominently display a link to the complaint form and instructions on how complainants may submit their oral and written complaints, including the telephone number, e-mail address, mailing address, and website for filing a complaint.

We suggest that the method in which we receive complaints and communicate with consumers be flexible to match our primary mode of service. Remove "oral and written" to allow for flexibility of how complaints are received as long as an accessible method is available.

(4) The covered person shall maintain a toll-free telephone number, which complainants can use to file complaints orally with a live representative during regular business hours.

Same as above - we suggest that the method in which we receive complaints and communicate with consumers be flexible to match our primary mode of service. Building out the infrastructure to accept complaints via phone with a live representative would impose a costly burden on our company.

(5) The covered person shall make the complaint process available to the complainant in the language of the consumer's contract with the covered person and, if supported by the covered person, the complainant's preferred language.

(6) The covered persons shall not impose a time limit for complainants to file a complaint.

While Earnin will accept complaints of any age, we only retain consumer

documents for five (5) years, so our ability to successfully resolve a consumer complaint older than 5 years may be limited.

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(b) For each complaint, the procedures for the complaint process shall require the covered person to provide the complainant with an acknowledgement of receipt advising that the complaint has been received, including the date of receipt, a unique tracking number to identify the complaint in subsequent communications, and the name, telephone number, and email address of the covered person's representative who may be contacted regarding the complaint.

Subdivision (b) requires a covered person to provide each complainant with the name, telephone number, and email address of a designated representative. This language implies the existence of a single point of contact (SPOC) requirement, despite the fact that the statute lacks a SPOC requirement. Because the language of the draft regulation goes beyond existing statute as currently drafted, we suggest that "name, telephone number, and email address of the covered person's representative who may be contacted regarding the complaint" be removed so any qualified support agent may assist a complainant at any time.

(1) For complaints received via e-mail or the internet, the covered person shall provide via e-mail a written acknowledgement of receipt within three (3) calendar days of receiving the complaint.

We suggest for consistency purposes, that all timeframes required in this draft be business days instead of calendar days to account for weekends and holidays.

(2) For complaints received via postal mail, the covered person shall provide via postal mail a written acknowledgement of receipt within five (5) calendar days of receiving the complaint.

(3) For complaints received via telephone, the covered person shall orally confirm receipt of the complaint and provide the complainant with a unique tracking number to identify the complaint in subsequent communications.

(4) The written acknowledgement may be combined with the issuance of a final decision required by subdivision (e) of this section if the final decision is issued within the required time period for the acknowledgement.

(c) The complaint process shall include the following procedures for a covered

person to review and evaluate complaints:

(1) Each complaint, including the allegations in the complaint form and all supporting materials submitted by the complainant, shall be reviewed by staff of the covered person who are responsible for the services and operations which are the subject of the complaint. This review shall not be delegated to a third party.

(A) For complaints that do not require further investigation, the covered person shall document the name of the individual who decided not to investigate and the reason an investigation was not needed. An investigation shall not be necessary if the covered person makes a full and prompt refund to the complainant of the amount at issue.

(B) For complaints that require further investigation, the covered person shall ascertain the cause of the issue by conducting a thorough review of all relevant documents and of the individuals involved in the subject of the complaint.

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(C) If corrective action is needed, the covered person shall provide an appropriate remedy to the complainant, including an account adjustment, credit, or refund, and take steps to prevent recurrence of the issue, including appropriate policy changes and employee training.

(2) For complaints regarding the conduct of a third party, the covered person shall, in addition to performing its own investigation of the alleged conduct, require the third party to also investigate each complaint using the procedure set forth in subdivision (c)(1)(B) of this section and to forward all relevant documents and findings to the covered person.

(3) An officer of the covered person shall be designated as having primary responsibility for the complaint process.

(A) The officer shall, at least once each month, review the operation of the complaint process to identify any emerging patterns of complaints, provide appropriate remedies to consumers that experience similar issues, and take steps to prevent recurring problems that adversely affect consumers, including problems that have been addressed with a full and prompt refund.

(B) The officer shall, at least once each month, review all complaints regarding the conduct of third parties to determine whether the covered person's standards for vetting and monitoring third parties were met,

whether to take appropriate steps to revise those standards, and whether to continue to do business with each third party.

(d) The complaint process shall include a procedure for the covered person to track complaints and communicate with the complainant regarding the status of the complaint.

(1) The procedure must include a process for recording the status of a complaint and all target dates for further actions, including the issuance of a final decision.

It would be far less burdensome on covered persons and equally as helpful for consumers if covered persons were required to provide the time period within which the covered person is required to issue the consumer an initial response and any subsequent responses, rather than the specific date(s) by which the responses are required. We suggest revising the language, as follows: "The procedure must include a process for recording the status of a complaint and the time period within which the covered person is required to issue the consumer an initial response and any subsequent responses".

(2) The tracking shall be in a format accessible to the Department upon request.

(3) If a complainant contacts the covered person for a status update, including through a toll-free telephone number or customer service e-mail address, the covered person shall respond to the complainant within three (3) calendar days.

Paragraph (3) of subdivision (d) requires a covered person to provide a response within three calendar days to complainants who contact the covered person for a status update. This paragraph raises two issues:

- 1) A three-calendar day requirement may be impossible during holiday periods or weekends; we suggest seven (7) business days.
- 2) We suggest that the Department clarify that, for the requirement to be triggered, the consumer must provide the ticket number as previously provided by the covered person to that consumer for contacting the covered person about their complaint, and if the request is made via email, that the consumer email address is the same one used to make the original complaint. If a consumer uses a different email address to contact the covered person, it may take additional time for the covered person to re-verify the consumer's identity and locate the consumer's case, elongating the response time.

(e) The complaint process shall include the following procedures for a covered person to respond to a complaint:

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(1) The covered person shall respond in writing with a final decision on all issues within fifteen (15) calendar days of receiving the complaint.

(A) If the covered person needs additional time to obtain information from a third party, the covered person shall, within three (3) calendar days after the initial 15-day period ends, provide the complainant with a written update regarding the status of the complaint, the reason for the delay, and an estimate of the additional time needed to issue a final decision, which shall not be more than fifteen (15) calendar days after the initial 15-day period ends.

(B) For any complainant who claims financial hardship, either orally or in writing, the covered person shall, on an expedited basis, respond with a final decision on all issues within seven (7) calendar days of receiving the complaint.

The time periods provided in paragraph (1) of subdivision (e) are too short to allow a covered person to conduct a complete review of a complex issue and reach a final decision about that issue. We suggest business days, instead of calendar days. We are committed to resolving consumer complaints within 15 business days of receiving a complaint, however, this may not always be possible on every occasion. During the initial review or investigation stage we may need to seek further clarification or documentation from consumers to assist us in resolving their complaint. If we do not anticipate being able to resolve a complaint within 15 business days, we will inform consumers of the reason for the delay and specify a date when we will be in a position to finalize their complaint.

Once we have finalized a complaint, we will advise consumers of our findings and any action we have taken. We will do this in writing electronically. consumers have the right to request the current status of their complaint at any time by contacting our customer experience team.

(2) The written response shall contain a clear explanation of the covered person's decision in plain language, including the specific reasons for the final decision, a summary of the steps taken to respond to the complaint, any corrective action that will be taken, and the effective date of the corrective action. In at least 12-point boldface font, the response shall also inform complainants they may submit to the Department any complaints not resolved to their satisfaction using the form available at <https://dfpi.ca.gov/file-a-complaint/> and contact the Department with

questions at 866-275-2677.

(3) The covered person shall ensure there is no adverse action taken against a complainant, including cancellation of the contract, due to the filing of a complaint.

We suggest that 1) the Department clarify that it does not consider a covered person's failure to satisfy the demands of a consumer who submits a complaint as an adverse action. Covered persons should be free to act on complaints as they see fit, after investigating those complaints. 2) We suggest clarifying that the prohibition against adverse action refers to adverse action by the covered person. Failure to make this clarification will make the covered person liable for the acts of others outside its control.

The following changes would implement the suggestions above: "A covered person shall not take adverse action against a complainant in retaliation for the filing of a complaint, provided, however, that failure of a covered person to resolve a complaint to the complainant's full satisfaction shall not represent an adverse action for purposes of this paragraph."

(f) The complaint process shall require a covered person to maintain a written record of each complaint for at least five (5) years from the time the complaint was initially filed. The written record shall include the following:

- (1) The unique tracking number associated with the complaint,
- (2) The name, phone number, mailing address, and e-mail address of the complainant,
- (3) The name of the financial service or product involved,
- (4) The name of the covered person or third party identified as the subject of the complaint,
- (5) The name of the representative who documented the complaint,

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(6) The date the complaint was received by the covered person, (7) The date the covered person provided the acknowledgement of receipt, (8)

The dates of any investigation by the covered person,

(9) The dates of all responses to the complainant, and

(10) The nature and details of the complaint,

(11) If no investigation was performed, the name of the person who decided not to investigate and the reason an investigation was not needed,

(12) The results of any investigation,

(13) Any corrective action taken in response to the complaint,

(14) A copy of all contracts, correspondence, and other relevant information upon which the covered person relied in reaching its final decision, and

(15) A copy of all written responses and summaries of all oral responses, including an explanation of the final decision regarding the complaint.

(g) The complaint process shall be administered without discriminating on the basis of the complainant's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, veteran or military status, or any other basis prohibited by law.

(h) The covered person shall submit to the Department a quarterly complaint report, which shall be made available to the public. The report shall be prepared for the quarters ending March 31, June 30, September 30 and December 31 of each calendar year, verified by an officer authorized to act on behalf of the covered person, and filed with the Consumer Financial Protection Division, no later than thirty (30) calendar days after the end of each quarter. The report shall include for each quarter:

(1) The covered person's name, the date, and the reporting quarter,

(2) The total number of complaints received,

(3) The total number of complaints for which a final decision was issued within fifteen (15) calendar days of receiving the complaint,

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(4) The total number of complaints for which a final decision was issued between sixteen (16) and thirty (30) calendar days of receiving the complaint,

(5) The total number of complaints for which a final decision was issued more than thirty (30) calendar days after receiving the complaint,

(6) The total number of complaints for which a final decision was not issued, (7) The total number of complaints denied,

(8) The total number of complaints resulting in a partial refund,

(9) The total number of complaints resulting in a full refund,

(10) Regarding each complaint for which a final decision was issued more than fifteen (15) calendar days after receipt, an explanation of why the final decision was not issued within fifteen (15) calendar days,

(11) Regarding each complaint for which a final decision was not issued, an explanation of why the final decision was not issued,

(12) The number of complaints received for each complaint type. Complaint types shall include, but not be limited to, the following:

(A) dissatisfaction with the covered person,

(B) dissatisfaction with a service provider,

(C) dissatisfaction with a third party to whom the covered person referred the consumer,

(D) dissatisfaction with a third party who brought the consumer to the covered person through lead generation,

(E) attempts to collect debt not owed,

(F) trouble during the payment process,

(G) dissatisfaction with the taking or threat of taking negative legal action,

(H) complaints of false statements or representations,

(I) problems closing an account,

(J) improper fees or interest,

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(K) unauthorized transactions,

(L) confusing or missing disclosures, and

(M) problems with customer service.

Subdivision (h) requires all covered persons to submit a quarterly complaint report to the Department. We suggest an annual report instead of quarterly. Not only is a quarterly reporting requirement burdensome on covered persons, it will likely result in significant costs for the Department to review what are likely to be tens of thousands of submissions every quarter.

12(E) we suggest changing "attempts to collect debt not owed" to "attempts to collect debt or other funds not owed" because consumers of covered persons and service providers do not always incur debt.

12(F) Needs clarification on what "payment" entails.

We suggest adding "(N) Fraud by consumer".

(13) Any patterns of complaints identified by the officer responsible for the complaint process and all corrective action taken to provide appropriate remedies to consumers and to prevent recurring problems, and

(14) Any steps taken to ensure the complaint process is administered without discriminating on the basis of the complainant's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or veteran or military status.

Rule 90008.4: Inquiry Processes and Procedures.

A covered person shall respond to inquiries from consumers and develop and implement written policies and procedures for responding to inquiries. The procedures shall include the following:

(a) The covered person shall review and evaluate each inquiry to determine whether the inquiry should be handled as a complaint. If the consumer indicates any dissatisfaction with a financial product or service or alleges any mistake or wrongdoing by the covered person or a third party, the inquiry shall be handled as a complaint using the process described in Rule 90008.3.

(b) For each inquiry, the procedures shall include the following:

(1) The covered person shall respond to all issues raised by the inquiry within three (3) calendar days of receiving the inquiry. If additional time is needed to obtain information from a third party, the covered person shall notify the consumer within three (3) calendar days of receiving the inquiry and provide a response within seven (7) calendar days of receiving the inquiry. The response shall be in the same format in which the inquiry was made.

(2) The covered person shall maintain a written record for each inquiry with the following information:

(A) The name, phone number, mailing address, and e-mail address of the consumer who made the inquiry,

(B) The name of the financial service or product involved,

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(C) The name of the covered person or third party identified as the subject of the inquiry,

(D) The name of the representative who documented the inquiry,

(E) The date the inquiry was received by the covered person, (F) The dates of all responses to the consumer who made the inquiry, (G)

The nature and details of the inquiry,

(H) A copy of all contracts, correspondence, and other relevant information upon which the covered person relied in responding to the inquiry, and

(I) A copy of all written responses to the inquiry and summaries of all oral responses to the inquiry.

(c) The covered person shall track and categorize inquiries by product feature, including but not limited to the following, to help determine if there are issues or problems with a financial product or service that may result in customer confusion:

(1) Questions regarding fees,

(2) Questions regarding the cost of the product or service,

(3) Questions regarding how the product or service works.

(4) Questions regarding how the consumer can access funds.

(d) The process for responding to inquiries shall be administered without discriminating on the basis of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or veteran or military status of the consumer who made the inquiry or any other basis prohibited by law.

(e) All covered entities shall submit to the Department an annual report regarding inquiries. The report shall be prepared for each calendar year, verified by an officer authorized to act on behalf of the covered person, and filed with the Consumer Financial Protection Division, no later than thirty (30) days after the end of each calendar year. The report shall include:

(1) The covered person's name, the date, and the reporting year,

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(2) The total number of inquiries filed,

(3) The total number of inquiries for which a response was provided within three (3) calendar days of receiving the inquiry,

(4) The total number of inquiries for which a response was provided between three (3) and seven (7) calendar days of receiving the inquiry,

(5) The total number of inquiries for which a response was provided more than seven (7) calendar days after receiving the inquiry,

(6) The total number of inquiries for which a response was not provided,

(7) Regarding each inquiry for which a response was provided more than three (3) calendar days after receipt, a brief explanation of why the response was not provided within three (3) calendar days,

(8) Regarding each inquiry for which a response was not provided, a brief explanation of why the response was not provided, and

(9) The number of inquiries received for each tracked category, as required by subdivision (c) of this section.

Rule 90008.5: Processes and procedures for covered persons to provide a timely

response to the Department.

(a) Each covered person shall provide the Department with a designated e-mail address for receiving requests from the Department regarding consumer complaints. The designated e-mail address shall be accessible by the officer of the covered person with primary responsibility for the complaint process. In the event of a change to the designated e-mail address, the covered person shall, within three (3) calendar days of the change, provide the Department with the new designated e-mail address.

(b) A covered person shall develop and implement written policies and procedures for responding to requests from the Department regarding a consumer complaint, including the following:

(1) If a complaint regarding the same subject matter has already been filed with the covered person and a final decision has been issued to the complainant, the covered person shall, within ten (10) calendar days of the Department's request, provide a written response to the Department and attach the complete written record required by Rule 90008.3(f).

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(2) In all other cases, the covered person shall, within fifteen (15) calendar days of receiving the Department's request, review and evaluate the complaint using the procedures set forth in Rule 90008.3(c) and provide a written response to the Department with:

(A) A clear explanation of the final decision in plain language, including the specific reasons for the decision and a summary of the steps taken to respond to the complaint,

(B) The items required in Rule 90008.3(f) for the written record, and

(C) Any follow-up actions or planned follow-up actions by the covered person to respond to the complaint.

(D) If the covered person needs additional time to obtain information from a third party, the covered person shall, within three (3) calendar days after the initial 15-day period ends, provide the Department with a written update regarding the status of the response, the reason for the delay, and an estimate of the additional time needed to provide the items, which shall not be more than fifteen (15) calendar days after the initial 15-day period ends.

(3) The Department may send follow-up requests for information from the

covered person after receiving the initial written response required by subdivisions (b)(1) and (b)(2) of this section. The covered person shall, within ten (10) calendar days of each follow-up request, provide a written response to the Department with all requested information.

(c) Every covered person shall develop and implement written policies and procedures for responding to requests from the Department regarding a consumer inquiry, including the following:

(1) If an inquiry regarding the same subject matter has already been filed with the covered person and a response has been issued to the consumer, the covered person shall, within ten (10) calendar days of the Department's request, provide a written response to the Department and attach the complete written record required by Rule 90008.4(b)(2).

(2) In all other cases, the covered person shall, within fifteen (15) calendar days of receiving the Department's request, address all issues raised by the inquiry and provide a written response to the Department with the items required by Rule 90008.4(b)(2).

(3) The Department may send follow-up requests for information from the covered person after receiving the initial written response required by

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subdivisions (c)(1) and (c)(2) of this section. The covered person shall, within ten (10) calendar days of each follow-up request, provide a written response to the Department with all requested information.

To reduce significant burden on covered persons, we suggest that the Department simplify the process by requesting one of two responses from covered persons when it requests the status of a complaint or inquiry: 1) for complaints on which the covered person has already issued a final decision to the consumer and for inquiries for which the covered person has already responded to the consumer, the covered person shall provide a copy of its decision or response to the Department. For complaints and inquiries the covered person is still investigating, the covered person should be required to tell the Department it is still investigating and should be required to provide the Department with its final decision or its response to the inquiry within the same time period described in paragraph (1), after it provides a response to the consumer.

Requiring any additional information from a covered person while that covered person is still looking into a complaint or inquiry is likely to require the covered person to redirect resources away from its investigation into the complaint or inquiry and into a Department response. Only if a complaint

has gone unresolved or an inquiry has gone unanswered for an unreasonably long period of time (perhaps 45 business days for a complaint and 30 business days for an inquiry) should a covered person be required to provide more detail to the Department regarding why the issue remains open.

Rule 90008.6: Consumer requests for nonpublic or confidential information - Definitions.

For purposes of subdivision (d)(2)(D) of Financial Code section 90008,

(a) "Nonpublic or confidential information" means:

- (1) confidential supervisory information,
- (2) proprietary information confidentially maintained by the covered person or service provider, including trade secrets, of which the release would be damaging or prejudicial to the business concern, or
- (3) personal information not publicly available regarding a consumer other than the one making the request for information.
- (4) "Nonpublic or confidential information" does not include information contained in records made publicly available by the Department or information that has otherwise been publicly disclosed by an employee or agent of the Department with the authority to do so.

(b) "Confidential supervisory information" means:

- (1) any documents, materials, or records, including reports of examination, prepared by, on behalf of, or for the use of the Department or any other federal, state, or foreign government agency in the exercise of regulatory oversight of a covered person or service provider, and any information derived from such documents, materials, or records,
- (2) any communications between the Department and a covered person or service provider related to the Department's regulatory oversight of the covered person or service provider, and
- (3) any information provided to the Department by a covered person or service provider for purposes of detecting and assessing risks to consumers and to markets for consumer financial products or services, or to assess whether an entity should be considered a covered person or is subject to the Department's regulatory oversight.

(c) "Personal information" means information that identifies, relates to, describes, is capable of being associated with, or could reasonably be linked,

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directly or indirectly, with a particular consumer or household. "Personal information" does not include consumer information that is deidentified or aggregated.

(d) "Publicly available information" means information lawfully made available to the public from federal, state, or local government records.

Thank you for the opportunity to comment. Please do not hesitate to contact us with any questions or further clarification. Please email me at yvonne.chao@earnin.com.

Sincerely,



Yvonne Chao

Sr. Manager, Public Policy

Earnin