

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: BancorpSouth Insurance Services, Inc. dba
Wright & Percy Insurance

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** _____

Address of Service Provider: 4041 Essen Lane Suite 400, Baton Rouge LA 70809

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Thomas M. Sandahl

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box
or similar designation is not acceptable except where it is the only address that can be used in the geographic
location):
4041 Essen Lane Suite 400, Baton Rouge LA 70809

Telephone Number of Designated Agent: 225-336-3235

Facsimile Number of Designated Agent: 225-336-4536

Email Address of Designated Agent: inquiriesrx@wright-percy.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10 May 05

Typed or Printed Name and Title: Thomas M. Sandahl
Executive Vice President

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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RECEIVED

MAY 23 2005

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