



BancorpSouth

January 24, 2020

Arkansas State Bank Department
400 Hardin Road, Suite 100
Little Rock, Arkansas 72211

VIA FEDERAL EXPRESS

Re: Response to Consumer Complaint
Filed by Arlo Washington

To Whom It May Concern:

This correspondence is in response to the Arkansas Consumer Complaint Form filed by Mr. Arlo Washington on January 3, 2020 with the Arkansas State Bank Department (ASBD). BancorpSouth Bank (BXS) received this complaint on January 14, 2020. In addition to the complaint filed with the ASBD, BXS received an anonymous public comment containing the same language as the complaint filed by Mr. Washington with the ASBD. BXS believes Mr. Washington submitted the public comment as well.

Mr. Washington accused BXS of the following:

Discriminatory or other illegal credit practices inconsistent with helping to meet community credit needs. Unresponsiveness to the credit needs of the low income geographies in Little Rock MSA. BancorpSouth has been approached in person, by phone, and by email regarding the credit needs of the community and has been unresponsive to opportunities for Community Development Lending and Investments. The bank is not providing fair lending and investments to all populations and income levels.

The complaint, however, does not address any specific examples of BXS discriminating or engaging in any illegal credit practices. Therefore, we can only provide a general response to the complaint based upon the findings of BXS' prudential regulators.

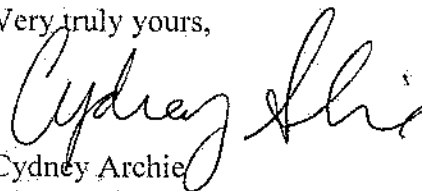
Notably, BXS' Community Reinvestment Act (CRA) rating shows that Mr. Washington's assertions are without basis. In the latest CRA examination, BXS received a satisfactory rating for the State of Arkansas. Specifically, the report stated: "Examiners did not identify any discriminatory or other illegal credit practices." The report went on to say "The bank exhibited

an excellent record regarding its lending activity” and that “The institution established a good record regarding its borrower profile loan distribution.” The report concluded that “The institution’s investments reflect good responsiveness to area needs.”

BXS strives to provide relationship-focused financial services that support the betterment of our communities and which respond to all of the members of the communities we serve. BXS does not tolerate discriminatory or illegal credit practices, which is supported by our satisfactory CRA rating.

If any additional information is needed concerning this matter, feel free to contact me.

Very truly yours,



Cydney Archie
Vice President and Associate General Counsel

Enclosure: Arkansas Consumer Complaint Form
Public Comment

Cc: Charles Plunkett, General Counsel
Mississippi Department of Banking and Consumer Finance
Via email:charles.plunkett@dbcf.ms.gov

Cc: Arlo Washington
5300 W 65th Street
Little Rock, Arkansas 72209

Public Comment

1/3/2020

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Arkansas State Bank Department

Candace A. Franks
Commissioner

Asa Hutchinson
Governor

Arkansas Consumer Complaint Form

Please fill in this form completely, including your signature at the end of the form. The Arkansas State Bank Department (ASBD) will only act on complaints that are **signed** by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney.

ASBD's jurisdiction extends to Arkansas state chartered commercial banks, trust companies, and industrial development corporations, not for profit. If your complaint relates to an entity not under our jurisdiction, we will forward your complaint on to the appropriate regulator and notify you of that referral.

Mail or fax this completed complaint form with any attachments to:

Arkansas State Bank Department
400 Hardin Road, Suite 100
Little Rock, Arkansas 72211
Fax: 501-324-9028

RECEIVED

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STATE OF MISSISSIPPI
DEPT. OF BANKING
AND CONSUMER FINANCE

Please Note:

- We cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints that are in litigation or have been litigated

In filling out this form, print or type clearly so the information can be easily read and understood.

YOUR INFORMATION

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name: Arlo	Middle Initial:	Last Name: Washington	
Street Address: 5300 W 65 th Street			
City: Little Rock		State: AR	Zip: 72209
Home Phone: 501-590-1700		Work Phone: 501-404-4857	
What is the best way to contact you? Phone <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/>			
What is the best time to contact you? Morning <input checked="" type="checkbox"/> Afternoon <input checked="" type="checkbox"/>			

ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative:		
Relationship:		
Street Address:		
City:	State:	Zip:
Phone:		

FINANCIAL INSTITUTION INFORMATION THAT IS SUBJECT OF THE COMPLAINT

Name of Financial Institution: BancorpSouth Bank		
Street Address: 1 Mississippi Plaza, 201 South Spring Street		
City: Tupelo	State: MI	Zip: 38804
Phone:		
Type of Account(s): Credit Card: <input type="checkbox"/> Checking <input type="checkbox"/> Mortgage <input type="checkbox"/> Other:		
Have you tried to resolve your complaint with your financial institution or company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, When? 2019	How? Phone <input checked="" type="checkbox"/> Mail <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Other:	
Contact Name:	Title: Compliance and CRA Officer	
Have you filed a complaint or contacted another government agency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If Yes, Agency Name? FDIC		

COMPLAINT INFORMATION

Please print or type your complaint. Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the financial institution or company.

Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include COPIES of any documents you may wish to submit related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. *DO NOT SEND ORIGINAL DOCUMENTS.*

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Please be advised that the issues described in this complaint will be shared with the financial institution or company in question for their response.

DESIRED RESOLUTION

What action by the financial institution or company would resolve this matter to your satisfaction?

Increase performance in lending and investments in low income geographies in Little Rock MSA. Make an appropriate qualified investment in low income census tract (Little Rock MSA).

Provide fair lending and investments to all populations and income levels within Little Rock MSA.

PRIVACY ACT STATEMENT

I hereby authorize the Arkansas State Bank Department to share any information contained in this complaint with the appropriate federal regulatory agency.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature: Arlo Washington Date: 1-3-2020

We will mail you a written acknowledgement within seven (7) business days of receipt of your completed complaint form.

If you have any questions regarding this case, please call 501-324-9019.