

**EXHIBIT "D"**

**LOCATION OF SERVICE CONTRACTS FORM**

**Issuing Agency:** Mississippi Insurance Department

**RFP #3160006694**

**Department Contact Person:** Cpf { 'Ecug.'Rtqr gtv{ 'cpf 'Ecuwcn{ 'Tcvkpi u'F kgevqt '\*823/57; /4352+

**Solicitation Title / Type of Services:**

Cf o kpkwtevt'hqt'vj g'O kukuuk r k'Ego r tgj gpukxg'J wttlecp'F co ci g'O kki cvkq'Rtqi tco "cnc"  
Utgpi vj gp'O kukuuk r k'J qo gu

**Respondent:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Location(s) from which services will be performed by the contractor:**

Service	City/ State
_____	_____
_____	_____
_____	_____
_____	_____

**Location(s) from which services are anticipated to be performed outside the U.S. by the contractor:**

Service	City/ Province/State	Country
_____	_____	_____
_____	_____	_____

**Location(s) from which services will be performed by subcontractor(s):**

Service	Subcontractor	City/ State
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Location(s) from which services are anticipated to be performed outside the U.S. by the subcontractor(s):**

Service	Subcontractor	City/ Province/State	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional pages if necessary.)