

## EXHIBIT "D"

### LOCATION OF SERVICE CONTRACTS FORM

**Issuing Agency:** Mississippi Insurance Department

**RFP #3160007373**

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

**Solicitation Title / Type of Services:** Cf o kpkwtcvqt 'hqt"vj g'O kukuuk r k'Ego r tgj gpukxg"J wttkecpq"  
F co ci g'O kki cvkqp'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.)