

EXHIBIT "D"

LOCATION OF SERVICE CONTRACTS FORM

Issuing Agency: Mississippi Insurance Department

RFP #3120001001

Department Contact Person: Wanda Magers, Licensing Director (601-359-2544)

Solicitation Title / Type of Services:

Professional Testing Organization to Administer Mississippi Insurance Licensing, Insurance Adjuster and Bail Bondsmen Exams

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.)