

**MISSISSIPPI DEPARTMENT OF INSURANCE  
REQUEST FOR QUALIFICATION**

**For  
Professional Actuarial Services  
For Rate Review Services under  
The Patient Protection and Affordable Care Act  
Bid No. 3120000691**

**Responses to this Request for Proposal must be received on or before the date and time specified below. All Respondents must complete the following:**

Company Name:	_____
Address:	_____
CityStZip:	_____
Phone No.:	_____
Fax No.:	_____
E-mail address:	_____
Federal Tax ID #:	_____

**Return by:** \_\_\_\_\_ **4:00 PM, CDT, April 19, 2016**