

**MISSISSIPPI DEPARTMENT OF INSURANCE
REQUEST FOR QUALIFICATION**

**For
Professional Actuarial Services
For Life, Accident and Health Insurance
Bid No. 3120000690**

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**