

LIFE COMPANIES INCLUDING ACCIDENT AND HEALTH INSURANCE TAX RETURN

CDI FS-002 (REV 9/2003)

FOR CALENDAR YEAR 2003
TAX DUE DATE APRIL 1, 2004

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment <input type="checkbox"/> Check <input type="checkbox"/> EFT
Telephone & Fax #			
State of Domicile			

If New Company, check here If Name Change, check here If Final Return, check here

STATEMENT OF TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2003

	A. Qualified	B. Nonqualified	C. Total
Annual Tax	1. Accident and Health Premiums		
	2. Life Premiums		
	3. Annuity Premiums/Considerations		
	4. Total Net Taxable Premiums		
	5. Tax Rate	0.50%	2.35%
	6. 2003 Annual Tax		
Credits & Prepayments	7. Low Income Housing Credit	7.	
	8. COIN Credit	8.	
	9. Prepayments Made During the Reporting Year of 2003		
	a. Overpayment applied from prior year		
	b. First Quarter (Balance paid)		
	c. Second Quarter		
	d. Third Quarter		
e. Fourth Quarter			
f. Total Prepayments	9f.		
10. Total Credits & Prepayments Made		10.	
Tax Due	11. 2003 Tax Due - If Line 6 of Column C is greater than Line 10		11.
Tax Overpayment	12. 2003 Tax Overpayment - If Line 10 is greater than Line 6 of Column C <small>The tax overpayment (line 12) may be applied to the 2004 first quarter prepayment and the 2003 retaliatory tax. A Refund SHALL NOT be applied to the 2004 second quarter prepayment or any future tax payment.</small>		12.
1st Quarter Prepayment	13. 2004 First Quarter Prepayment	13.	
	a. 2003 Tax Overpayment applied to the 1st Quarter Prepayment	a.	
	b. 2004 First Quarter Prepayment Balance Due		13b.
Retaliatory Tax	14. 2003 Retaliatory Tax	14.	
	a. 2003 Tax Overpayment applied to the Retaliatory Tax	a.	
	b. 2003 Retaliatory Tax Balance Due		14b.
Tax Refund	15. Tax Refund		15.

CDI use only

TAX PAYMENTS DUE APRIL 1, 2004	Line 11	2003 Tax Due	
	Line 13b	2004 First Quarter Prepayment Balance Due	
	Line 14b	2003 Retaliatory Tax Balance Due	
Each Payment must be paid separately and should NOT be combined to make one lump sum payment			

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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, _____, _____
Type or print Name Type or print Title

of _____,
Type or print Name of Company

hereby declare under the penalties of perjury that this return (including accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature Date City State

SPACE FOR NOTARY

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different than Page 1

Mailing Address Phone: _____

City, State, Zip Fax number of Contact Person: _____

E-Mail

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SCHEDULE A - ACCIDENT AND HEALTH PREMIUMS

- 1. Direct Premiums (Sch. T, Line 5, Col. 4) 1. _____

- 2. ADD (if excluded from Line 1)
 - 2.1 Finance and service charges not included in premiums 2.1 _____
 - 2.2 Administrative and/or service fees received 2.2 _____
 - 2.3 Orphan Premiums * 2.3 _____
 - 2.4 Amount of Claim Payments made for employees under "minimum premium" (mini-met) group contracts 2.4 _____

- 3. Total of Lines 1 through 2.4 3. _____

- 4. DEDUCT (if included in Line 1)
 - 4.1 Dividends paid or credited to policyholders 4.1 _____
 - 4.2 Employee Benefit Plan contributions for company's own employees ** 4.2 _____

- 5. Total of Lines 4.1 through Line 4.2 5. _____

- 6. Line 3 less Line 5. Forward to Page 1, Line 1, Column B. 6. _____

* California domiciled companies only.

** Contributions for employees of affiliated companies are not deductible.

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SCHEDULE B - LIFE PREMIUMS

	Column A Qualified	Column B Nonqualified	Column C Total
1. Life Insurance Premiums (Pursuant to NAIC Annual Statement Instructions) *	_____	_____	_____
2. Orphan Premiums **	_____	_____	_____
3. Fees, Refunds, etc. not directly paid to creditor on Credit Life policies	_____	_____	_____
4. Fees and Charges paid directly by policyholder	_____	_____	_____
5. Total of Lines 1 through 4	_____	_____	_____
DEDUCT			
6. Waiver of Premiums	_____	_____	_____
7. Employee Benefit Plan contributions for company's own employees in California ***	_____	_____	_____
8. Dividend Deductions			
8a. Paid in cash or left on deposit	_____	_____	_____
8b. Applied to renewal premiums	_____	_____	_____
9. Total Deductions (Sum of Lines 5 through 9)	_____	_____	_____
10. Net Taxable Premiums (Line 5 less Line 9)	=====	=====	=====
Forward totals of Columns A and B to Page 1, Line 2, Columns A and B.			

* The amount on Line 1, Column C on this page should reconcile to Schedule T.

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SCHEDULE C - ANNUITY PREMIUMS & OTHER CONSIDERATIONS

	Column A Qualified	Column B Nonqualified	Column C Total
1. Front-End basis:			
1a. Funds accepted (including dividends applied) for annuity premiums	_____	_____	_____
1b. Other fees/charges paid directly by the policyholder	_____	_____	_____
1c. Funds received for purchase of immediate annuity contracts	_____	_____	_____
1d. Orphan Premiums*	_____	_____	_____
2. Back-End basis:			
2a. Total gross amount accumulated which annuitized in reporting year (documentation required per instructions)	_____	_____	_____
3. Orphan Premiums *	_____	_____	_____
4. Other Considerations (Col. 6, Sch. T)	_____	_____	_____
5. Gross Taxable Annuity Premiums (Sum of Line 1 through 4)	_____	_____	_____
Deduct:			
6. Funds returned prior to annuity commencement date Front-end basis only.	_____	_____	_____
7. Net Taxable Annuity Premiums & Other Considerations (Line 5 less Line 6)	_____	_____	_____

Forward totals of Line 7, Columns A and B to Page 1, Line 3, Columns A and B.

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Schedule C - Section I

FUNDS CONSIDERED AS "GROSS PREMIUMS RECEIVED" WHEN ORIGINALLY ACCEPTED ON THE "FRONT-END" BASIS

Item	Annual Statement and Separate Accounts Reference			
	Page #	Line #	Nationwide(a)	California(b)
1. Total Funds on Hand as of 12/31/02:				
2. Increase in funds during the year:				
2a. Total funds accepted:				
2b. Gross income, interest, and dividends				
2c. Other fees and charges paid directly by the policyholder				
2d. Other (Be specific)				
3. Sum of Lines 1 through 2d:				
4. Decrease in Funds during 2003:				
4a. Funds returned prior to annuity commencement date; exclude interest applied, and any surrender fees.				
4b. Funds returned prior to annuity commencement date in excess of original funds accepted (e.g. interest)				
4c. Funds applied to purchase annuities				
4d. Funds applied to pay Death, Disability and other benefits.				
4e. Funds applied to Administrative fees, and/or other charges				
4f. Total of 4a through 4e				
5. Total Funds on Hand as of 12/31/03				
Excess of Line 3 over Line 4f				

NOTE: ALL COMPANIES REPORTING ANNUITY PREMIUMS ON THE "FRONT-END" BASIS MUST COMPLETE THIS SCHEDULE.

** California Column for informational purposes to reconcile amounts reported. **

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Schedule C - Section II

FUNDS CONSIDERED AS "GROSS PREMIUMS RECEIVED" WHEN APPLIED TO PURCHASE ANNUITIES ON THE "BACK-END" BASIS

Item	Annual Statement and Separate Accounts Reference			
	Page #	Line #	Nationwide(a)	California(b)
1. Total Funds on Hand as of 12/31/02				
2. Increase in funds during the year:				
2a. Total funds accepted				
2b. Gross income, interest, and dividends				
2c. Other fees and charges paid directly by the policyholder				
3. Sum of Lines 1 through 2c:				
4. Decrease in Funds during 2003:				
4a. Funds returned prior to annuity commencement date; exclude interest applied, and any surrender fees.				
4b. Funds returned prior to annuity commencement date in excess of original funds accepted (e.g. interest)				
4c. Funds applied to purchase annuities				
4d. Funds applied to pay Death, Disability and other benefits.				
4e. Funds applied to Administrative fees, and/or other charges				
4f. Total of 4a through 4e				
5. Total Funds on Hand as of 12/31/03				
Excess of Line 3 over Line 4f				

NOTE: ALL COMPANIES REPORTING ANNUITY PREMIUMS ON THE "BACK-END" BASIS MUST COMPLETE THIS SCHEDULE.

** California Column for informational purposes to reconcile amounts reported. **

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SCHEDULE D -- RETALIATORY TAX RETURN

Note: This schedule must be completed by all insurers who are not domiciled in California

Part I

	A & H	Life	Annuity	Total
1. Gross Premiums	_____	_____	_____	_____
2. Allowable Deductions	_____	_____	_____	_____
3. Total Taxable Premiums	_____	_____	_____	_____
4. Tax Rate - State of Domicile	_____	_____	_____	_____
5. Annual Tax Due	_____	_____	_____	_____
6. Annual Statement Fee - State of Domicile				_____
7. Certificate of Authority - State of Domicile				_____
8. Certification Fee - State of Domicile				_____
9. Agents Lic. Fee (No. of Agents X Fee)				_____
10. Total State of Domicile Imposition (Sum of Lines 5 through 9)				_____

Part II

1. Premium Tax	_____
2. Annual Statement Fee in the amount of \$324. Credit permitted if paid.	_____
3. Certificate of Authority in the amount of \$327. Credit permitted if paid.	_____
4. Bureau of Fraudulent Claim Assessment in the amount of \$1300. Credit permitted if paid.	_____
5. Agents Lic. Fee (No. of Agents X Fee)	_____
6. Total California Imposition (Sum of Lines 1 through 5)	_____
7. 2003 Retaliatory Tax	_____

If amount on Part II, Line 6 is greater than Part I, Line 10, enter zero on Part II, Line 7 above.

If amount on Part I, Line 11 is greater than Part II, Line 7, enter difference between the amounts on Part II, Line 7 above.

Enter result of Part II, Line 7 calculation on Page 1, Line 14.

Attach a copy of the 2003 State of Domicile Tax Return and 2003 Schedule T and California State Page to this return.