

LIFE COMPANIES INCLUDING ACCIDENT AND HEALTH INSURANCE TAX RETURN

CDI FS-002 (REV 11/2004)

FOR CALENDAR YEAR 2004
TAX DUE DATE APRIL 1, 2005

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 _____ and indicate the effective date of the final transaction.
 If Amended Return, check here _____ and indicate the date when it was amended.

STATEMENT OF TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2004

			CDI use only	
	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. 2004 Annual Tax			
Credits & Prepayments	7. Low Income Housing Credit	7.		
	8. COIN Credit	8.		
	9. Prepayments Made During the Reporting Year of 2004			
	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. 2004 Tax Due - If Line 6 of Column C is greater than Line 10		11.	
Tax Overpayment	12. 2004 Tax Overpayment - If Line 10 is greater than Line 6 of Column C		12.	
The tax overpayment (line 12) may be applied to the 2005 first quarter prepayment and the 2004 retaliatory tax. A Refund SHALL NOT be applied to the 2005 second quarter prepayment or any future tax payment.				
1st Quarter Prepayment	13. 2005 First Quarter Prepayment	13.		
	a. 2004 Tax Overpayment applied to the 1st Quarter Prepayment	a.		
	b. 2005 First Quarter Prepayment Balance Due		13b.	
Retaliatory Tax	14. 2004 Retaliatory Tax	14.		
	a. 2004 Tax Overpayment applied to the Retaliatory Tax	a.		
	b. 2004 Retaliatory Tax Balance Due		14b.	
Tax Refund	15. Tax Refund		15.	

TAX PAYMENTS DUE APRIL 1, 2005	Line 11	2004 Tax Due	
	Line 13b	2005 First Quarter Prepayment Balance Due	
	Line 14b	2004 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 penalty of perjury that this return (including the accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature Date City State

SPACE FOR NOTARY

State of _____ County of _____

On this ____ day of _____ 20____ before me personally appeared _____

who is personally known to me as the _____ of _____

and who has taken an oath that the foregoing is true, correct and complete.

Seal: _____
Print or type name and sign above the line

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 _____
 - 4.3 Federal Employees Health Benefits Program Premiums 4.3 _____
- 5. Total of Lines 4.1 through Line 4.3 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 6 through 8b)	_____	_____	_____
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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*** Contributions for employees of affiliated companies are not deductible.

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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. Dividends paid or credited to policyholders			
8. Total Deductions			
9. Net Taxable Annuity Premiums & Other Considerations (Line 5 less Line 8)			

Forward totals of Line 9, 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 12/31/03:	_____	_____	_____	_____
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 2004:				
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 12/31/04	_____	_____	_____	_____
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 12/31/03				
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 2004:				
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 12/31/04				
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. Franchise Tax/Municipal Tax				_____
11. Fraud Bureau Assessment				_____
12. Total State of Domicile Imposition (Sum of Lines 5 through 11)				_____

Part II

1. Premium Tax	_____
2. Annual Statement Fee in the amount of \$356. Credit permitted if paid.	_____
3. Certificate of Authority in the amount of \$360. Credit permitted if paid.	_____
4. Bureau of Fraudulent Claim Assessment in the amount of \$1300. Credit permitted if paid.	_____
5. Agents Life. Fee (No. of Agents X Fee)	_____
6. Total California Imposition (Sum of Lines 1 through 5)	_____

7 2004 Retaliatory Tax

If amount on Part II, Line 6 is greater than Part I, Line 12, enter zero on Part II, Line 7 above.

If amount on Part I, Line 12 is greater than Part II, Line 6, 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 2004 State of Domicile Tax Return and 2004 Schedule T and California State Page to this return.