

**QUARTERLY STATEMENT**AS OF SEPTEMBER 30, 2002
OF THE CONDITION AND AFFAIRS OF THE**CONTINENTAL NATIONAL INDEMNITY COMPANY**

NAIC Group Code	0218 (Current Period)	0218 (Prior Period)	NAIC Company Code	28258	Employer's ID Number	31-1191023
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile						
Incorporated		12/09/1986	Commenced Business		12/29/1986	
Statutory Home Office		10700 Montgomery Road Suite 210 (Street and Number)			Cincinnati, OH 45242-3296 (City or Town, State and Zip Code)	
Main Administrative Office		Chicago, IL 60685 (City or Town, State and Zip Code)	CNA Plaza (Street and Number)		312-822-5000 (Area Code) (Telephone Number) (Extension)	
Mail Address		CNA Plaza (Street and Number or P.O. Box)			Chicago, IL 60685 (City or Town, State and Zip Code)	
Primary Location of Books and Records		Chicago, IL 60685 (City or Town, State and Zip Code)	CNA Plaza 9 S (Street and Number)		312-822-5000 (Area Code) (Telephone Number)	
Internet Website Address		www.cna.com				
Statement Contact		Mark J. Macak (Name)			312-822-1538 (Area Code) (Telephone Number) (Extension)	
		Mark.Macak@cna.com (E-mail Address)			312-817-0040 (FAX Number)	
Policyowner Relations Contact		Consumer Services				
		Chicago, IL 60685 (City or Town, State and Zip Code)			800-262-2255 (Area Code) (Telephone Number) (Extension)	

OFFICERS

Chairman	Michael Fitzgerald	Treasurer	Pamela Sylvester Dempsey
President	Arthur P. Coleman	Secretary	Timothy Richard Morse #

SENIOR VICE PRESIDENTS

Lawrence John Boysen	Pamela Sylvester Dempsey	Robert James Grob #
John Joseph Sullivan Jr.		Mary Alice Ribikawskis
Ralph Richard Mueller		Jerry Frank Sliwa
		Jeffery Charles Alton
		Timothy Richard Morse #

**VICE PRESIDENTS
PRESIDENTS****ASSISTANT VICE**

John Arthur Beckman

Lawrence John Boysen

Arthur P. Coleman

Michael Fitzgerald

Robert Maurice Mann

Ralph Richard Mueller

DIRECTORS OR TRUSTEES

State of Illinois } ss
 County of Cook }

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Ralph Richard Mueller
Senior Vice PresidentLawrence John Boysen
Senior Vice PresidentJeffery Charles Alton
Assistant Vice PresidentSubscribed and sworn to before me this
13th day of November, 2002

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	15,610,121		15,610,121	8,895,080
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				309,699
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 1,604,348 and short-term investments \$ 1,768,422)	3,372,770		3,372,770	24,875,847
6. Other invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	18,982,891		18,982,891	34,080,626
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection	1,379,977	1,142,857	237,120	3,914,859
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				3,324,331
10.3 Accrued retrospective premiums				
11. Funds held by or deposited with reinsured companies				
12. Bills receivable, taken for premiums				
13. Amounts billed and receivable under high deductible policies				
14. Reinsurance recoverables on loss and loss adjustment expense payments	6,600,048		6,600,048	3,892,461
15. Federal and foreign income tax recoverable and interest thereon (including \$0 net deferred tax asset)	2,162,662	2,162,662		
16. Guaranty funds receivable or on deposit				
17. Electronic data processing equipment and software	346,574	346,574		
18. Interest, dividends and real estate income due and accrued	213,915		213,915	167,540
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates				
21. Amounts due from /to protected cells				
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets	1,134,263	13,840	1,120,423	22,104
26. Total assets excluding protected cell assets (Lines 9 through 25)	30,820,330	3,665,933	27,154,397	45,401,921
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	30,820,330	3,665,933	27,154,397	45,401,921
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2501. Retroactive reinsurance recoverable-Continental Casualty Company	1,120,423		1,120,423	0
2502. Other assets	13,840	13,840	0	22,104
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	1,134,263	13,840	1,120,423	22,104

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ (755,554))	8,211,019	16,288,344
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	.727,684	2,623,383
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	143,000	567,176
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		(132,000) 239,058
7. Federal and foreign income taxes [including \$ on realized capital gains (losses)] (including \$ net deferred tax liability)		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 844,453 and including warranty reserves of \$).	(461,727)	3,347,247
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	.785,595	9,449,839
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,172,372	1,597,484
15. Remittances and items not allocated	705,948	944,336
16. Provision for reinsurance	1,067,000	1,331,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	1,134,938	1,416,296
19. Payable to parent, subsidiaries and affiliates		
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$ and interest thereon \$		
23. Aggregate write-ins for liabilities	69,908	(1,399,159)
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	13,423,737	36,405,003
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	13,423,737	36,405,003
27. Aggregate write-ins for special surplus funds	1,500,000	1,500,000
28. Common capital stock	4,000,002	4,000,002
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	.37,026,763	34,526,763
33. Unassigned funds (surplus)	(28,796,105)	(31,029,847)
34. Less treasury stock, at cost		
34.1 shares common (value included in Line 28 \$)		
34.2 shares preferred (value included in Line 29 \$)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	13,730,660	8,996,918
36. TOTALS	27,154,397	45,401,921
DETAILS OF WRITE-INS		
2301. Funds held by company under reinsurance assumed contracts	328,756	0
2302. Retroactive reinsurance reserve ceded-Continental Casualty Company	(258,848)	(1,655,000)
2303. Retroactive reinsurance funds held-Continental Casualty Company		255,841
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	69,908	(1,399,159)
2701. Special surplus from retroactive reinsurance-Continental Casualty Company	1,500,000	1,500,000
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	1,500,000	1,500,000
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)		

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 1,733,010)	7,876,823	32,494,835	41,398,027
1.2 Assumed (written \$ 0)	34,193	16,577	114,166
1.3 Ceded (written \$ 5,169,405)	7,538,437	17,742,207	26,701,687
1.4 Net (written \$ (3,436,395))	372,579	14,769,205	14,810,506
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 1,124,737):			
2.1 Direct	8,028,709	34,128,987	50,438,191
2.2 Assumed		(63,748)	166,178
2.3 Ceded	8,028,709	16,846,220	30,635,703
2.4 Net	0	17,219,019	19,968,666
3. Loss expenses incurred		2,065,848	5,472,932
4. Other underwriting expenses incurred	640,493	5,495,329	7,158,359
5. Aggregate write-ins for underwriting deductions			127,564
6. Total underwriting deductions (Lines 2.4 thru 5)	640,493	24,780,196	32,727,521
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(267,914)	(10,010,991)	(17,917,015)
INVESTMENT INCOME			
9. Net investment income earned	768,778	726,051	899,459
10. Net realized capital gains or (losses)	1,572,662	112,390	125,091
11. Net investment gain (loss) (Lines 9 + 10)	2,341,440	838,441	1,024,550
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 109,092)	(109,092)	(22,320)	(35,456)
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	(19,889)	971,359	939,594
15. Total other income (Lines 12 through 14)	(128,981)	949,039	904,138
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	1,944,545	(8,223,511)	(15,988,327)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	1,944,545	(8,223,511)	(15,988,327)
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19)(to Line 22)	1,944,545	(8,223,511)	(15,988,327)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	8,996,918	9,544,677	9,544,677
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	1,944,545	(8,223,511)	(15,988,327)
23. Net unrealized capital gains or losses	(284,699)		
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax	707,751		(380,258)
26. Change in nonadmitted assets	(397,855)	230,168	(406,851)
27. Change in provision for reinsurance	264,000	(242,776)	(1,140,737)
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles		56,000	56,000
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus			
32. Surplus adjustments:			
32.1 Paid in	2,500,000	3,312,415	17,312,415
32.2 Transferred to capital (Stock Dividend)			
32.3 Transferred from capital			
33. Net remittances from or (to) Home Office			
34. Dividends to stockholders			
35. Change in treasury stock			
36. Aggregate write-ins for gains and losses in surplus			
37. Change in surplus as regards policyholders (Lines 22 through 36)	4,733,742	(4,867,704)	(547,758)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	13,730,660	4,676,973	8,996,918
DETAILS OF WRITE-INS			
0501. Writeoff of reinsurance recoverable from Reliance		0	127,564
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			127,564
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1401. Miscellaneous Profit and Loss	(19,889)	0	6,078
1402. Retroactive Reinsurance Gain-Continental Casualty Company		971,359	933,516
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	(19,889)	971,359	939,594
3601. Change in excess of statutory reserves over statement reserves		0	0
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)			

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	(4,993,382)	21,017,659
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	13,200,357	21,390,415
3. Underwriting expenses paid	1,435,727	7,394,449
4. Other underwriting income (expenses)		(127,564)
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(19,629,466)	(7,894,769)
6. Net investment income	747,019	1,070,795
7. Other income (expenses):		
7.1 Agents' balances charged off	(109,092)	(35,456)
7.2 Net funds held under reinsurance treaties	1,469,067	(1,026,926)
7.3 Net amount withheld or retained for account of others	(425,112)	176,969
7.4 Aggregate write-ins for miscellaneous items	(19,889)	939,597
7.5 Total other income (Lines 7.1 to 7.4)	914,974	54,184
8. Dividends to policyholders on direct business, less \$ dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered		
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	(17,967,473)	(6,769,791)
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	17,739,332	6,278,678
11.2 Stocks	879,336	219
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments	(353)	
11.7 Miscellaneous proceeds		
11.8 Total investment proceeds (Lines 11.1 to 11.7)	18,618,315	6,278,897
12. Cost of investments acquired (long-term only):		
12.1 Bonds	23,760,313	2,062,658
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications		
12.7 Total investments acquired (Lines 12.1 to 12.6)	23,760,313	2,062,658
13. Net Cash from investments (Line 11.8 minus Line 12.7)	(5,141,998)	4,216,239
Cash from Financing and Miscellaneous Sources		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in	2,500,000	17,312,415
14.2 Capital notes \$ less amounts repaid \$		
14.3 Net transfers from affiliates		
14.4 Borrowed funds received		
14.5 Other cash provided	207,945	588,566
14.6 Total (Lines 14.1 to 14.5)	2,707,945	17,900,981
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates		
15.3 Borrowed funds repaid		
15.4 Other applications	1,101,554	1,041,199
15.5 Total (Lines 15.1 to 15.4)	1,101,554	1,041,199
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	1,606,391	16,859,782
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	(21,503,080)	14,306,230
18. Cash and short-term investments:		
18.1 Beginning of year	24,875,850	10,569,620
18.2 End of year (Line 17 plus Line 18.1)	3,372,770	24,875,850
DETAILS OF WRITE-INS		
07.401 Other Income (Expense)	(19,889)	6,078
07.402 Retroactive Reinsurance Gain-Continental Casualty Company		933,519
07.403 Retroactive Reinsurance Reserve Ceded-Continental Casualty Company		0
07.498 Summary of remaining write-ins for Line 7.4 from overflow page		
07.499 Totals (Lines 07.401 thru 07.403 plus 07.498) (Line 7.4 above)	(19,889)	939,597

NOTES TO FINANCIAL STATEMENTS

1. A. ACCOUNTING PRACTICES

The statutory financial statements of Continental National Indemnity Company ("Company" or CNI) have been prepared in conformity with accounting practices prescribed by the State of Ohio and the National Association of Insurance Commissioners ("NAIC"). Certain financial information that is normally included in the annual statutory financial statements, including footnotes, has been omitted. These statements should be read in conjunction with the Annual Statement for the year ended December 31, 2001. In the opinion of management, these statements include all adjustments (consisting of normal recurring accruals) that are necessary for the fair presentation of the statutory financial position, results of operations and cash flows. The statutory results for the interim periods are not necessarily indicative of the results to be expected for the full year.

The statutory financial statements of the Company are, in all material respects, prepared in accordance with Statutory Accounting Principles as published in the NAIC Accounting Practices and Procedures Manual.

B. USE OF ESTIMATES IN THE PREPARATION OF THE FINANCIAL STATEMENTS

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the financial statement date, and the reported amounts of revenues and expenses during the reporting period. Actual results may differ significantly from those estimates.

2. INCOME TAXES

A. The components of the deferred tax asset (liability) at September 30, 2002 and December 31, 2001 are as follows:

	September 30, 2002	December 31, 2001	Change
Total deferred tax assets, admitted and non-admitted	\$ 2,176,756	\$ 1,464,367	\$ 712,389
Total deferred tax liabilities	(14,094)	(9,456)	(4,638)
Subtotal	2,162,662	1,454,911	707,751
Total deferred tax assets, non-admitted	(2,162,662)	(1,454,911)	
Net deferred tax assets	\$ 0	\$ 0	
Change in deferred tax on unrealized gains and losses			11,588
Change in net deferred tax asset			\$ 696,163
(Increase) decrease in deferred tax assets non-admitted	\$ (707,751)	\$ (380,258)	

B. Deferred tax liabilities have not been recognized for the following:

Not applicable.

C. The components of incurred income tax expense and the change in deferred tax assets and liabilities from implementation of codification on deferred taxes for the period from December 31, 2001 to September 30, 2002 are as follows:

Current income tax expense (benefit)	\$ 0
Increase (decrease) in deferred tax assets	\$ 712,389
Increase (decrease) in deferred tax liabilities	4,638
Net increase (decrease) in deferred tax assets before non-admitted deferred tax assets	\$ 707,751

There were no tax adjustments related to tax credits, or the benefits of net operating loss carryforwards.

D. Rate reconciliation.

A rate reconciliation will be presented on an annual basis, and not quarterly.

3. OTHER ITEMS

Capital Contributions

On March 28, 2002, the Company's ultimate insurance parent company, Continental Casualty Company (CCC) made capital contributions to the Company totaling \$2.50 million.

NOTES TO FINANCIAL STATEMENTS

During 2000, due to continued adverse market conditions in the program insurance market, management determined it was strategically necessary for CNI to non-renew this business and proceed with a run-off strategy. During 2001, CNI substantially decreased new business production and worked with CCC to non-renew policies in the program insurance market. The non-renewal of policies in the program insurance market is anticipated to be substantially complete during the second half of 2002, and does not adversely affect current policyholders or claims. Responsibility for managing the 'run-off' of CNI is being transitioned to Global Resource Managers (GRM), a CNA subsidiary, in 2002. A gradual reduction in CNI's workforce has occurred to date. CNI accounting and management information systems professionals will be retained until mid- to end of 2003 to ensure a smooth transition.

To help mitigate any future adverse impacts to its financial results, the Company has entered into two aggregate excess of loss reinsurance agreements with CCC. The first agreement, effective October 1, 2001, covers up to \$25 million in adverse development in CNI's estimated loss and loss adjustment expense reserves for accident years prior to 2001. The Company ceded premium of \$4 million to CCC pursuant to this agreement in 2001. The starting point for the calculation is net loss and loss adjustment expense reserves as of September 30, 2001. To date, CNI has ceded approximately \$5.1 million of losses under this reinsurance agreement. The second reinsurance agreement, effective January 1, 2002, covers up to \$5 million in adverse development in CNI's estimated loss and loss adjustment expense reserves for accident years 2001 and subsequent. CNI ceded earned premium of \$2.6 million in the first nine months of 2002, and will cede an additional \$0.5 million of earned premium in the fourth quarter of 2002 pursuant to the second reinsurance agreement. In the first nine months of 2002, CNI ceded approximately \$1.8 million of losses under the second reinsurance agreement.

Option Agreement Impacting Company

In October 1999, CCC and certain of its insurance affiliates sold their personal insurance business to a subsidiary of The Allstate Corporation (Allstate). In connection with that transaction, Allstate was granted an option to purchase five designated insurance affiliates of CCC. The original related agreements were amended as of December 10, 2001 in order to restructure the option company process. Under the new agreements Allstate is provided an option to acquire as many as seven insurance affiliates of CCC. CNI has been designated as one of these new option companies. The option is available to Allstate from October 1, 2003 through September 30, 2004. It is expected that Allstate will exercise this option within this option period, but there is no obligation to exercise. In anticipation of Allstate's exercise of this option, the majority of the future personal insurance business that is currently written by other insurance affiliates of CCC will be migrated into these new option companies which is expected to increase their direct business significantly. Due to the numerous regulatory rate filings and approvals required to migrate this business into CNI, the current plan is that this new direct business will begin in the fourth quarter of 2002 in a limited number of states, and is expected to increase in volume and in more states during 2003 and subsequent years. One hundred percent of this business will be ceded to Allstate under the indemnity reinsurance agreement dated as of December 10, 2001.

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:

.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1998

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1998

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/17/1999

7.4 By what department or departments?

Ohio Department Of Insurance.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:

.....

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:

.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:

.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

12. Amount of real estate and mortgages held in short-term investments: \$ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Chase Manhattan Trust Company of Illinois.....	10 South LaSalle Chicago, Illinois 60603.....

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
NONE.....

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [X] No []

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Fifth Third Bank.....	Chase Manhattan Trust Company of Illinois.....	01/01/2002.....	Management of investment portfolio transferred to Parent effective 01/01/2002.....

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
NONE.....

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY**GENERAL INTERROGATORIES**

(continued)

**PART 2
PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] NA []
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of tabular reserves) discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR
.....
.....
.....
TOTAL		

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	NONE			
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2. Amount loaned during period:	NONE			
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period				
2. Cost of acquisitions during period:	NONE			
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	19,438,685	44,125,012	49,747,767	(128,338)	20,886,043	19,438,685	13,687,592	24,246,358
2. Class 2	3,690,951				4,742,471	3,690,951	3,690,951	
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	23,129,636	44,125,012	49,747,767	(128,338)	25,628,514	23,129,636	17,378,543	24,246,358
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	23,129,636	44,125,012	49,747,767	(128,338)	25,628,514	23,129,636	17,378,543	24,246,358

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
80999999 Totals	1,768,422	XXX	1,767,124		

SCHEDULE DA - PART 2- Verification

	Short-Term Investments Owned	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	15,351,279	4,226,052	4,638,290	8,177,743	
2. Cost of short-term investments acquired	79,618,234	22,938,572	37,814,048	22,665,735	
3. Increase (decrease) by adjustment	56,803	12,088	7,261		
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments	(429)	(77)	153		
6. Consideration received on disposal of short-term investments	90,799,835	22,538,345	40,691,329	15,492,199	
7. Book/adjusted carrying value, current period	4,226,052	4,638,290	1,768,423	15,351,279	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	4,226,052	4,638,290	1,768,423	15,351,279	
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	4,226,052	4,638,290	1,768,423	15,351,279	
12. Income collected during period	76,785	15,094	9,751	314,145	
13. Income earned during period	70,449	(8,396)	8,664	321,464	

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule F
NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	Yes	(1,182,272)	13,943,717	5,454,047	7,223,700	6,153,578
2. Alaska	AK	No					
3. Arizona	AZ	Yes					
4. Arkansas	AR	Yes		8,087		393,200	112,711
5. California	CA	Yes	3,033,093	3,747,299	3,170,554	664,158	4,898,598
6. Colorado	CO	Yes					2,000,841
7. Connecticut	CT	No					
8. Delaware	DE	Yes			(6,749)	58,773	23,350
9. District of Columbia	DC	Yes					77,932
10. Florida	FL	Yes	43,685	(25,225)	463,915	216,893	1,875,454
11. Georgia	GA	Yes	1,697	911,579	737,271	1,189,088	1,107,269
12. Hawaii	HI	No					
13. Idaho	ID	Yes					
14. Illinois	IL	Yes	(2,568)	28,004	1,324,228	1,555,898	840,255
15. Indiana	IN	Yes	(21,349)	76,489	95,327	913,981	111,764
16. Iowa	IA	Yes	(4,164)	172,978	127,474	175,087	393,142
17. Kansas	KS	Yes		(4,290)			248,116
18. Kentucky	KY	Yes		(88,312)	22,337	541,319	661,819
19. Louisiana	LA	Yes	1,646	1,259,029	956,589	1,480,707	3,255,688
20. Maine	ME	No	0				2,229,777
21. Maryland	MD	Yes					
22. Massachusetts	MA	Yes					
23. Michigan	MI	Yes	5,705	323,956	218,520	350,806	303,871
24. Minnesota	MN	Yes		(178)			560,677
25. Mississippi	MS	Yes	(114,108)	1,711,795	1,119,133	711,519	648,506
26. Missouri	MO	Yes	1,019	613,625	229,439	176,317	707,637
27. Montana	MT	Yes					
28. Nebraska	NE	Yes				5,415	135,506
29. Nevada	NV	Yes					1,136
30. New Hampshire	NH	No					
31. New Jersey	NJ	Yes				98,126	62,333
32. New Mexico	NM	Yes					126,930
33. New York	NY	Yes		(3,327)	36,262	103,586	495,279
34. North Carolina	NC	Yes	65	34,919			701,597
35. North Dakota	ND	Yes				258,256	61,424
36. Ohio	OH	Yes	(14,879)	90,364	4,544,451	5,657,650	7,985,361
37. Oklahoma	OK	No					11,844,181
38. Oregon	OR	Yes					
39. Pennsylvania	PA	Yes	(1,860)	17,921	135,592	200,803	817,144
40. Rhode Island	RI	No					1,017,266
41. South Carolina	SC	Yes	7,715	(229,375)	457,139	2,191,479	895,066
42. South Dakota	SD	Yes					1,495,495
43. Tennessee	TN	Yes	(5,779)	562,265	51,400	521,391	277,087
44. Texas	TX	Yes			4,135,051	2,490,831	481,486
45. Utah	UT	Yes					3,423,689
46. Vermont	VT	Yes					
47. Virginia	VA	Yes	370	4,754		54,065	13,154
48. Washington	WA	Yes					
49. West Virginia	WV	Yes	(13,537)	(7,017)	89,483	272,668	37,193
50. Wisconsin	WI	Yes	(1,469)	310,889	14,395	164,770	589,745
51. Wyoming	WY	Yes					94,150
52. American Samoa	AS	No					
53. Guam	GU	No					
54. Puerto Rico	PR	No					
55. U.S. Virgin Islands	VI	No					
56. Canada	CN	No					
57. Aggregate Other Aliens	OT	XXX					
58. Totals	(a)	44	1,733,010	23,459,946	23,375,858	27,670,486	33,888,924
							40,179,255
		DETAILS OF WRITE-INS					
5701.		XXX					
5702.		XXX					
5703.		XXX					
5798.	Summary of remaining write-ins for Line 57 from overflow page	XXX					
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	XXX					

(a) Insert the number of yes responses except for Canada and Other Alien.

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				150.4
2. Allied Lines		(59,246)		12.2
3. Farmowners multiple peril				
4. Homeowners multiple peril		(82,599)		8.3
5. Commercial multiple peril		581,469		
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	11,698	(5,559)	(47.5)	8.5
10. Financial guaranty				
11.1 Medical malpractice - occurrence				
11.2 Medical malpractice - claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	51,452	559,819	1,088.0	125.9
17.1 Other liability - occurrence		166,973		(5.0)
17.2 Other liability - claims-made				
18.1 Products liability - occurrence		30,877		566.8
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	5,575,379	4,822,720	86.5	79.3
19.3,19.4 Commercial auto liability	325,821	1,191,970	365.8	127.2
21. Auto physical damage	1,912,473	822,285	43.0	72.7
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business				
34. Totals	7,876,823	8,028,709	101.9	105.0
DETAILS OF WRITE-INS				
3301.				
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page				
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			25,869
2. Allied Lines			35,869
3. Farmowners multiple peril			
4. Homeowners multiple peril			(1,927)
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	0	501	97,550
10. Financial guaranty			
11.1 Medical malpractice - occurrence			
11.2 Medical malpractice - claims-made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	10,486	3,665	964,938
17.1 Other liability - occurrence			99,943
17.2 Other liability - claims-made			
18.1 Products liability - occurrence			23,820
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability	662,364	1,845,181	13,429,714
19.3,19.4 Commercial auto liability	0	43,338	1,164,493
21. Auto physical damage	27,603	(159,675)	7,619,604
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			73
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business			
34. Totals	700,453	1,733,010	23,459,946
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page			
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)			

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	4 2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2002 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened and open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (c) (Cols. 11 + 12)	
1. 1999 + Prior	6,023	2,308	8,331	3,150	377	3,527	2,834	.278	1,391	4,503	(39)	(262)	(300)	
2. 2000	1,689	699	2,388	1,221	70	1,291	818	.141	.439	1,398	349	(49)	300	
3. Subtotals 2000 + Prior	7,712	3,006	10,719	4,371	447	4,818	3,652	.419	1,830	5,901	310	(310)	0	
4. 2001	2,781	5,412	8,193	2,974	301	3,275	1,658	.235	1,900	3,793	1,852	(2,977)	(1,125)	
5. Subtotals 2001 + Prior	10,493	8,419	18,912	7,345	748	8,093	5,310	.654	3,730	9,694	2,162	(3,287)	(1,125)	
6. 2002	XXX	XXX	XXX	XXX	1,880	1,880	XXX	.377	(1,132)	(756)	XXX	XXX	XXX	
7. Totals	10,493	8,419	18,912	7,345	2,628	9,973	5,310	1,031	2,598	8,939	2,162	(3,287)	(1,125)	
8. Prior Year-End's Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7	
											1.	20.6	2.	(39.0)
														Col. 13, Line 7 As a % of Col. 1 Line 8
														4. (12.5)

(a) Should Equal Prior Year-End Annual Statement; Page 3, Col. 1, Lines 1 + 3

(b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.

(c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

1. Will the SVO Compliance Certification be filed with this statement? Yes
2. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? No
3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement? No

Explanations:

Item 2 is not applicable to us.

Item 3 is not applicable to us.

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



Supplement A to Schedule T (Document Identifier 450) here:



OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 1
NONE

Schedule B - Part 2
NONE

Schedule BA - Part 1
NONE

Schedule BA - Part 2
NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

(a) For all common stock bearing the NAIC designation "C" provide: the number of such issues

E04

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

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Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CONTINENTAL NATIONAL INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH