

**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING
CONSOLIDATED REPORT OF CONDITION**

Trust Company Name:

Chicago Title and Trust Company

Address:

10 LaSalle Street

City, State, Zip

Chicago, IL 60603

Credential Number:

TRS # 60945

(5-digit number-should begin with 60)

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on:
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

9/30/2020

ALTERATION OF THIS FORM IS PROHIBITED AND WILL BE CONSIDERED NON-COMPLIANCE WITH FILING REQUIREMENTS.

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution	393,205
2. U.S. Treasury Securities	110,124
3. Obligations of States and Political Subdivisions	0
4. Other Bonds, Notes Receivable, and Debentures	355,625

Itemize the Notes Receivable amount listed above:

Inter-Company/Employee/Director:

Other (List):

5. Corporate Stock	0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises	33
7. Accounts Receivable:	6,302

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable 1,012

Inter-Company Account Receivable 5,290

Other (List): 0

8. Goodwill	0
9. Intangibles	0
10. Other Assets	3,453

Itemize assets that account for 10% or greater of Line 11: (Description & Amount)

Interest Receivable - Domestic Corp.	3,079

11. TOTAL ASSETS

868,742

LIABILITIES

12. Accounts Payable	12
13. Taxes Payable	1,249
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	838,831

Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)

Secured Deposits	828,982

16. TOTAL LIABILITIES

840,092

EQUITY CAPITAL

17. Preferred Stock	0
18. Common Stock	0
19. Surplus	10,000
20. Reserve for Operating Expenses	0
21. Retained Earnings (Loss)	18,650

22. TOTAL EQUITY CAPITAL

28,650

23. TOTAL LIABILITIES AND EQUITY CAPITAL

868,742

Check & Balance: should equal zero - otherwise incorrect

0

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INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	0
B. Personal	0
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	0
F. Custody	0
G. Corporate Services	0
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

8,977

3. All Other Income: (List below)

58,031

Escrow Fees	51,358
Construction Disbursing Fees	3,756
Wire Transfer Fees	2,610

4. TOTAL OPERATING INCOME (Sum of Items 1-3)

67,008

EXPENSES**5. Operating Expenses:**

A. Salaries	2,697
B. Employee Benefits	305
C. Trust Company Occupancy Expense	4
D. Furniture and Equipment Expense	45
E. Data Services	13
F. Marketing	0
G. Audits/Examinations	13
H. Insurance (Fiduciary Activities)	265
I. All Other	54,523

Itemize amounts > 10% from Line I above.

Management Fee	54,428

6. TOTAL OPERATING

57,865

7. NET OPERATING INCOME/LOSS BEFORE TAXES

9,143

8. APPLICABLE INCOME TAXES

2,075

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

7,068

Explain any change greater than 10% from the average of the previous quarter(s).

IF this is the first quarter of the fiscal year, disregard explanation:

"All Other" income increased due to an increase in escrow fees, supported by an increase in order counts. "All Other" expenses increased due to an increase in Corporate Allocations.

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CHANGES IN EQUITY CAPITAL

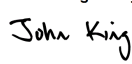
Thousands of Dollars (Year-to-Date)	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year		0	10,000	30,727	40,727
2. Net Income (loss)				7,068	7,068
sale/conversion/acquisition/retirement					0
4. Changes incident to mergers & absorptions					0
5. Cash dividends declared on preferred stock					0
6. Cash dividends declared on common stock					0
7. Stock dividends issued					0
8. Other increases/decreases - ITEMIZE:				(19,145)	(19,145)
Dividends Paid, Net (25,000)					
Other Comprehensive Gain/ Loss on Investment, Net 5,855					
9. Ending Balance	0	0	10,000	18,650	28,650
Check & Balance: <i>should equal zero</i> - otherwise incorrect					0

NOTE: Additional Page(s) may be attached to this report if an item requires further explanation or justification.

CERTIFICATION SECTION

Person to whom Supervisory Staff should direct questions concerning this report.

I, _____ of _____
 (**PRINT** Name and Title of Officer Authorized to Sign Report) (Name of Trust Company)
 do certify that the information contained in these statements are accurate to the best of my knowledge and belief. I understand that submission of false information with the intention to deceive the Secretary or his Administrative Officers is a felony.

DocuSigned by:

 8DE202E7555E438
 (Signature of Officer Authorized to Sign Report)

VP
 Title

John King
 Name of Officer Above

904-854-8512
 Telephone Number (Extension)

Fax Number

John.King1@fnf.com
 E-mail Address