

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

Trust Company Name:	Chicago Title Land Trust Company
Address:	10 LaSalle Street
City, State, Zip	Chicago, IL 60603
Credential Number:	TRS # 60523 (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: 6/30/2020
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

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	636
2. U.S. Treasury Securities	0
3. Obligations of States and Political Subdivisions	0
4. Other Bonds, Notes Receivable, and Debentures	0
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	47
7. Accounts Receivable:	14,507
Itemize Accounts Receivable amount listed above:	
Fee Accounts Receivable	3,387
Inter-Company Account Receivable	12,067
Other (List):	
Allowance for doubtful accounts	(947)
8. Goodwill	7,322
9. Intangibles	1,422
10. Other Assets	334
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)	
n/a	

11. TOTAL ASSETS	24,268
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LIABILITIES

12. Accounts Payable	47
13. Taxes Payable	3,793
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	4,120
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)	
Deferred Revenue	3,817

16. TOTAL LIABILITIES	7,960
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EQUITY CAPITAL

17. Preferred Stock	0
18. Common Stock	750
19. Surplus	3,029
20. Reserve for Operating Expenses	0
21. Retained Earnings (Loss)	12,529

22. TOTAL EQUITY CAPITAL	16,308
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23. TOTAL LIABILITIES AND EQUITY CAPITAL	24,268
Check & Balance: should equal zero - otherwise incorrect	0

Trust Company Name:	Chicago Title Land Trust Company
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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	7,565
I. All Other Fiduciary Activities	0
2. Interest Income	0
3. All Other Income: (List below)	0

4. TOTAL OPERATING INCOME (Sum of Items 1-3)	7,565
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EXPENSES

5. Operating Expenses:	
A. Salaries	1,611
B. Employee Benefits	287
C. Trust Company Occupancy Expense	325
D. Furniture and Equipment Expense	35
E. Data Services	18
F. Marketing	44
G. Audits/Examinations	5
H. Insurance (Fiduciary Activities)	0
I. All Other	2,661

Itemize amounts > 10% from Line I above.

Shared Service Cost	1,021
Amortization Expense - Intangibles	522
Corporate Allocations	628

6. TOTAL OPERATING	4,986
7. NET OPERATING INCOME/LOSS BEFORE TAXES	2,579
8. APPLICABLE INCOME TAXES	585
9. EXTRAORDINARY ITEMS	
10. NET INCOME (LOSS) AFTER TAXES	1,994

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:

Net income decreased from 2020 Q1 primarily due to a decrease in land trust revenue, offset by a smaller decrease in all other operating expenses, due to a decrease in Revenue Sharing Expense.

Trust Company Name:

Chicago Title Land Trust Company

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	750	2,987	10,535	14,272
2. Net Income (loss)				1,994	1,994
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:			42	0	42
9. Ending Balance	0	750	3,029	12,529	16,308
Check & Balance: should equal zero - 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:

John King

8DE292F75565318

Signature of Officer Authorized to Sign Report)

John King

Name of Officer Above

Fax Number

VP

Title

904-854-8512

Telephone Number (Extension)

John.King1@fnf.com

E-mail Address