

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:
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	657
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	38
7. Accounts Receivable:	15,567

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable 3,366

Inter-Company Account Receivable 13,140

Other (List):

Allowance for doubtful accounts	(940)
8. Goodwill	7,322
9. Intangibles	1,245
10. Other Assets	335

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

n/a	

11. TOTAL ASSETS 25,164

LIABILITIES

12. Accounts Payable	48
13. Taxes Payable	3,423
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	4,242

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

Deferred Revenue	3,817

16. TOTAL LIABILITIES 7,713

EQUITY CAPITAL

17. Preferred Stock	0
18. Common Stock	750
19. Surplus	3,051
20. Reserve for Operating Expenses	0
21. Retained Earnings (Loss)	13,650

22. TOTAL EQUITY CAPITAL 17,451

23. TOTAL LIABILITIES AND EQUITY CAPITAL 25,164

Check & Balance: should equal zero - otherwise incorrect

0

Trust Company Name:

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Chicago Title Land Trust Company	
TRS #	60523

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	11,165
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)

11,165

EXPENSES**5. Operating Expenses:**

A. Salaries	2,360
B. Employee Benefits	426
C. Trust Company Occupancy Expense	494
D. Furniture and Equipment Expense	52
E. Data Services	28
F. Marketing	91
G. Audits/Examinations	9
H. Insurance (Fiduciary Activities)	0
I. All Other	3,675

Itemize amounts > 10% from Line I above.

Shared Service Cost	1,224
Amortization Expense - Intangibles	699
Corporate Allocations	909

6. TOTAL OPERATING	7,135
7. NET OPERATING INCOME/LOSS BEFORE TAXES	4,030
8. APPLICABLE INCOME TAXES	915
9. EXTRAORDINARY ITEMS	
10. NET INCOME (LOSS) AFTER TAXES	3,115

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 increased from 2020 Q2 primarily due to an increase in land trust revenue, in addition to a decrease in all other operating expenses, due to a decrease in Revenue Sharing Expense.

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CHANGES IN EQUITY CAPITAL

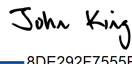
Thousands of Dollars (Year-to-Date)	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	750	2,987	10,535	14,272
2. Net Income (loss)				3,115	3,115
sale/conversion/acquisition/retirement					0
4. Changes 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:			64	0	64
9. Ending Balance	0	750	3,051	13,650	17,451
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:

 8DE292E7555EA38
 (Signature of Officer Authorized to Sign Report)

John King
 Name of Officer Above

VP
 Title

904-854-8512
 Telephone Number (Extension)

John.King1@fnf.com
 E-mail Address

Fax Number