

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

Trust Company Name:
Address:
City, State, Zip
Credential Number:

State Street Trust Company
200 S Wacker Drive
Chicago, IL 60606
TRS # 60518 <i>(5-digit number-should begin with 60)</i>

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.

3/31/2023

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		5,591
2. U.S. Treasury Securities		
3. Obligations of States and Political Subdivisions		
4. Other Bonds, Notes Receivable, and Debentures		
Itemize the Notes Receivable amount listed above:		
Inter-Company/Employee/Director:		
Other (List):		
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5. Corporate Stock		
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		
7. Accounts Receivable:		85
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	85	
Inter-Company Account Receivable		
Other (List):	0	
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8. Goodwill		
9. Intangibles		
10. Other Assets		26
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		
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11. TOTAL ASSETS		5,702

LIABILITIES

12. Accounts Payable		
13. Taxes Payable		28
14. Other Liabilities for Borrowed Money		
15. Other Liabilities		
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
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16. TOTAL LIABILITIES		28

EQUITY CAPITAL

17. Preferred Stock		
18. Common Stock		0
19. Surplus		3,000
20. Reserve for Operating Expenses		
21. Retained Earnings (Loss)		2,674
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22. TOTAL EQUITY CAPITAL		5,674
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23. TOTAL LIABILITIES AND EQUITY CAPITAL		5,702
<i>Check & Balance: should equal zero - otherwise incorrect</i>		0

Trust Company Name:
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INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	
B. Personal	
C. Investment Advisory	
D. Managed Employee Benefit	
E. Non-managed Employee Benefit	
F. Custody	110
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	

2. Interest Income

3. All Other Income: (List below)

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

128

EXPENSES

5. Operating Expenses:

A. Salaries	
B. Employee Benefits	
C. Trust Company Occupancy Expense	
D. Furniture and Equipment Expense	
E. Data Services	
F. Marketing	
G. Audits/Examinations	
H. Insurance (Fiduciary Activities)	
I. All Other	65

Itemize amounts > 10% from Line I above.

Fees Paid Subs Transfer Pricing	61
Other Operating Expenses	4

6. TOTAL OPERATING

7. NET OPERATING INCOME/LOSS BEFORE TAXES

8. APPLICABLE INCOME TAXES

9. EXTRAORDINARY ITEMS

10. NET INCOME (LOSS) AFTER TAXES

65
63
17
46

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:

Trust Company Name:

State Street 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	0	3,000	2,599	5,599
2. Net Income (loss)				46	46
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:				29	29
Prior Period Adjustment					
9. Ending Balance	0	0	3,000	2,674	5,674
<i>Check & Balance: should equal zero - otherwise incorrect</i>					

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, Geoffrey Behm of State Street Trust Company
(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.

(Signature of Officer Authorized to Sign Report)

 Managing Director
Title

 Geoffrey Behm
Name of Officer Above

 647-775-6759
Telephone Number (Extension)

Fax Number

 gbehm@statestreet.com
E-mail Address