

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

Trust Company Name:	State Street Trust Company
Address:	200 S Wacker Drive
City, State, Zip	Chicago, IL 60606
Credential Number:	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: **6/30/2023**
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	5,634
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):	
5. Corporate Stock	
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises	
7. Accounts Receivable:	88
Itemize Accounts Receivable amount listed above:	
Fee Accounts Receivable	88
Inter-Company Account Receivable	
Other (List):	0
8. Goodwill	
9. Intangibles	
10. Other Assets	21
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)	
11. TOTAL ASSETS	5,743
 LIABILITIES	
12. Accounts Payable	
13. Taxes Payable	18
14. Other Liabilities for Borrowed Money	
15. Other Liabilities	
Itemize Liabilities that account for 10% or greater of Line 15 (Description & Amount)	
16. TOTAL LIABILITIES	18
 EQUITY CAPITAL	
17. Preferred Stock	
18. Common Stock	0
19. Surplus	3,000
20. Reserve for Operating Expenses	
21. Retained Earnings (Loss)	2,725
22. TOTAL EQUITY CAPITAL	5,725
23. TOTAL LIABILITIES AND EQUITY CAPITAL	5,743
<i>Check & Balance: should equal zero - otherwise incorrect</i>	0

Trust Company Name:
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TRS #	60518

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	205
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest Income	39
3. All Other Income: (List below)	

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

244

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	112

Itemize amounts > 10% from Line I above.

Fees Paid Subs Transfer Pricing	102
Other Operating Expenses	10

6. TOTAL OPERATING

112

7. NET OPERATING INCOME/LOSS BEFORE TAXES

132

8. APPLICABLE INCOME TAXES

35

9. EXTRAORDINARY ITEMS

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10. NET INCOME (LOSS) AFTER TAXES

97

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:

Line 5I&6: Variance is due to decrease in transfer pricing expenses mainly arising from increase in profit pool allocation due to significant lower revenue during the quarter.

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)				97	97
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
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9. Ending Balance	0	0	3,000	2,725	5,725
<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)

Title Managing Director

Geoffrey Behm
Name of Officer Above

647-775-6759
Telephone Number (Extension)

Fax Number

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E-mail Address