

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 # <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: 9/30/2023
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	5,684
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:	92
Itemize Accounts Receivable amount listed above:	
Fee Accounts Receivable	92
Inter-Company Account Receivable	
Other (List):	0
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8. Goodwill	
9. Intangibles	
10. Other Assets	13
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)	
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11. TOTAL ASSETS	5,789
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LIABILITIES	
12. Accounts Payable	
13. Taxes Payable	19
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	19
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EQUITY CAPITAL	
17. Preferred Stock	
18. Common Stock	0
19. Surplus	3,000
20. Reserve for Operating Expenses	
21. Retained Earnings (Loss)	2,770
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22. TOTAL EQUITY CAPITAL	5,770
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23. TOTAL LIABILITIES AND EQUITY CAPITAL	5,789
<i>Check & Balance: should equal zero - otherwise incorrect</i>	0

Trust Company Name:
 Credential Number:

State Street Trust Company
TRS # 0

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	264
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest Income	62
3. All Other Income: (List below)	

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

326

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	140

Itemize amounts > 10% from Line I above.

Fees Paid Subs Transfer Pricing	125
Other Operating Expenses	15

6. TOTAL OPERATING EXPENSES

140

7. NET OPERATING INCOME/LOSS BEFORE TAXES

186

8. APPLICABLE INCOME TAXES

50

9. EXTRAORDINARY ITEMS

10. NET INCOME (LOSS) AFTER TAXES

136

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:

<p>Line 1F-Variance is due to lower revenue during the Quarter. Line 5I & 6 - Variance is due to decrease in transfer pricing expenses mainly arising from business segment expenses due to significant lower revenue during the quarter.</p>
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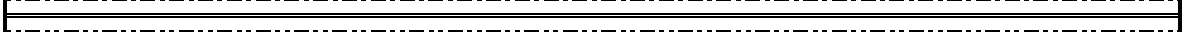
Trust Company Name: State Street Trust Company

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	2,634	5,634
2. Net Income (loss)				136	136
3. Capital 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:					0
9. Ending Balance	0	0	3,000	2,770	5,770

Check & Balance: should equal zero - otherwise incorrect

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 _____
 (*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.

<i>(Signature of Officer Authorized to Sign Report)</i>	Managing Director
Geoffrey Behm	647-775-6759
<i>Name of Officer Above</i>	<i>Telephone Number (Extension)</i>
<i>Fax Number</i>	Gbehm@statestreet.com
	<i>E-mail Address</i>