

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

Trust Company Name:	UBS Asset Management Trust Company
Address:	1 N.Wacker Drive
City, State, Zip	Chicago, IL 60606
Credential Number:	60376

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on **30-Jun-23** and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution		4,223
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:		3,435
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	2,781	
Inter-Company Accounts Receivable	654	
Other (List):		
8. Goodwill		
9. Intangibles		
10. Other Assets		0
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		
11. TOTAL ASSETS		7,658

LIABILITIES

12. Accounts Payable		
13. Taxes Payable		647
14. Other Liabilities for Borrowed Money		
15. Other Liabilities		1,941
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
Sub-advisory fee payable to Affiliates	1,909	
Licensing fee payable to third party	0	
Fees payable to third party	9	
Other payables	23	
16. TOTAL LIABILITIES		2,588

EQUITY CAPITAL

17. Preferred Stock		
18. Common Stock		750
19. Surplus		1,250
20. Reserve for Operating Expenses		
21. Retained Earnings (Loss)		3,070
22. TOTAL EQUITY CAPITAL		5,070
23. TOTAL LIABILITIES AND EQUITY CAPITAL		7,658
Check / should equal zero - otherwise correct		0

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
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CONSOLIDATED REPORT OF INCOME

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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
- G. Corporate Services
- H. Land Trusts
- I. All Other Fiduciary Activities

	5,871
	74
	(5,403)

2. Interest Income

3. All Other Income: (List below)

Sub-Advisory Fee - Affiliate	(5,451)
Licensing fee to third party	0
Other Income	48

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

542

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

	48
	0
	53

Itemize amounts > than 10% Line I above.

Referral Fees to affiliates	0
Board of Director Fees	33
Office of Banks & R/E	20
Other Expenses	0

6. TOTAL OPERATING EXPENSES (Items A-I)

101

7. NET OPERATING INC/LOSS BEFORE TAXES

441

8. APPLICABLE INCOME TAXES

126

9. EXTRAORDINARY ITEMS

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10. NET INCOME (LOSS) AFTER TAXES

315

Explain any change greater than 10% from the average of the previous quarter(s).

Note if this is the first quarter of the fiscal year disregard question:

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Trust Company Name:

UBS Asset Management Trust Company

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNING	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year		750	1,250	2,755	4,755
2. Net Income (loss)				315	315
3. Sale, conversion, acquisition, or retirement of capital					0
4. Changes incident to mergers and absorptions					0
5. Cash dividends declared on preferred stock					0
6. Cash dividends declared on common stock				0	0
7. Stock dividends issued					0
8. Other increases (decreases)					0
Itemize other:					

9. Ending Balance 0 750 1,250 3,070 5,070

Check / should equal zero - otherwise correct 0

CERTIFICATION SECTION
 Person to whom Supervisory Staff should direct questions concerning this report.

I, Karen Hu of UBS Asset Management 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*)

Karen Hu

 (*Name of Officer Above*)

 (*Fax Number*)

Associate Director/Assistant Treasurer

 (*Title*)

312-525-6103

 (*Telephone Number (Extension)*)

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 (*E-mail Address*)