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

| Trust Company Name: | Millennium Trus | st Company LLC and Subsidia | ary | |
|--|---|-----------------------------|-------------------|--|
| Address: | 2001 Spring Road #700 Oak Brook, IL 60523 | | | |
| City, State, Zip | | | | |
| Credential Number: | TRS # 60705 (5-digit number-should begin with | | | |
| Include the institution's domestic & foreign subsite and submitted in response to the call of the Illinois | s Department of Financial and Profes | ssional Regulation. | 3/31/2020 | |
| ALTERATION OF THIS FORM IS PROHIBIT | ED AND WILL BE CONSIDERED N | ON-COMPLIANCE WITH FILING R | EQUIREMENTS. | |
| ASSETS | | | In Thousands(000) | |
| 1. Cash and Due from Depository Institution | | | 22,474 | |
| 2. U.S. Treasury Securities | | | | |
| 3. Obligations of States and Political Subdivision | | | | |
| 4. Other Bonds, Notes Receivable, and Debenture | | | | |
| Itemize the Notes Receivable amount listed ab | ove: | | | |
| Inter-Company/Employee/Director: Other (List): | | | | |
| Other (List). | | | | |
| 5. Corporate Stock | | | | |
| 6. Trust Company Premises, Furniture, Fixtures a | nd Other Assets Representing TC Pro | emises | 15,152 | |
| 7. Accounts Receivable: | 1 5 | | 16,212 | |
| Itemize Accounts Receivable amount listed a | ibove: | | | |
| Fee Accounts Receivable | | | | |
| Inter-Company Account Receivable | | | | |
| Other (List): | | | | |
| 8. Goodwill | | | 0.725 | |
| 9. Intangibles | | | 9,725 | |
| 10. Other Assets | | | 10,296 | |
| Itemize assets that account for 10% or grea | ter of Line 11: (Description & Am | ount) | 10,270 | |
| Prepaid Expenses | 9,562 | | | |
| Deferred Commissions | 507 | | | |
| Security Deposit | 227 | | | |
| | | | | |
| 11. TOTAL ASSETS | | | 195,158 | |
| *** | | | | |
| LIABILITIES | | | | |
| 12. Accounts Payable | | | 672 | |
| 13. Taxes Payable | | | | |
| 14. Other Liabilities for Borrowed Money | | | | |
| 15. Other Liabilities | | | 44,497 | |
| Itemize Liabilities that account for 10% o | r greater of Line 15) (Description | & Amount) | | |
| Deferred Revenue | 36,738 | | | |
| Accrued Liabilities | 5,900 | | | |
| Deferred Rent | 1,858 | | | |
| 16. TOTAL LIABILITIES | | | 45,169 | |
| EQUITY CAPITAL | | | | |
| | | | - | |
| 17. Preferred Stock | *************************************** | | | |
| 18. Common Stock | *************************************** | | | |
| 19. Surplus | *************************************** | | | |
| 20. Reserve for Operating Expenses | *************************************** | | | |
| 21. Retained Earnings (Loss) | | | 149,989 | |
| 22. TOTAL EQUITY CAPITAL | | | 149,989 | |
| 23. TOTAL LIABILITIES AND EQ | IIITV CAPITAI | | 105 150 | |
| Check & Balance: should equal zero - other | | | 195,158 | |
| Check & Baiance. snount equal Leto - Others | vise incorrect | | 0 | |

| Trust Company Name: | | nium Trust Company LL | C and Subsidiary |
|--|-----------------------|-----------------------|-------------------|
| Credential Number: | TRS# | 60705 | |
| 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 | | | 26,807 |
| G. Corporate Services | | | |
| H. Land Trusts | | | |
| I. All Other Fiduciary Activities | | | |
| 2. Interest Income 3. All Other Income: (List below) | | | 33,278 |
| Service & Administration Fees | 33,278 | | 33,270 |
| | | | |
| | | | |
| 4. TOTAL OPERATING INCOME (Sun | n of Items 1-3) | | 60,085 |
| | | | |
| EXPENSES | | | |
| 5. Operating Expenses: | | | |
| A. Salaries | | | 9,169 |
| B. Employee Benefits | | | 1,154 |
| C. Trust Company Occupancy Expense | | | 607 |
| D. Furniture and Equipment Expense | | | Cat |
| E. Data Services | | | 2,016 |
| F. Marketing | | | 3,220 |
| G. Audits/Examinations | | | 3,220 |
| H. Insurance (Fiduciary Activities) | | | |
| I. All Other | | | 251 |
| Itemize amounts > 10% from Line I above. | | | 3,090 |
| Professional Services | 1,171 | | |
| Postage and Delivery | 977 | | |
| Other - non operating | 700 | | |
| 6. TOTAL OPERATING | | | 19,511 |
| 7. NET OPERATING INCOME/LOSS | BEFORE TAXES | | 40,574 |
| 8. APPLICABLE INCOME TAXES | | | 10,571 |
| 9. EXTRAORDINARY ITEMS | | | |
| 10. NET INCOME (LOSS) AFTER TAX | ES | | 40,574 |
| | | | |
| | | | |
| | | | |
| Explain any change greater than 10% from the | average of the previo | us quarter(s). | |
| IF this is the first quarter of the fiscal year, disr | egard explanation: | | |
| | | | |
| | | | |
| | | | |

| Trust Company Name: | Millennium Trust Company LLC and Subsidiary | | | | | | | | |
|---|---|-----------------------|-------------------|----------------------|---|--|--|--|--|
| 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 | 3,678 | 0 | 0 | 108,783 | 112,461 | | | | |
| 2. Net Income (loss) | | | | 40,574 | 40,574 | | | | |
| 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 | | | | (15,020) | (15,020) | | | | |
| 7. Stock dividends issued | | | | | 0 | | | | |
| 8. Other increases/decreases - ITEMIZE: | | | | 15,000 | 15,000 | | | | |
| Capital Contribution |] | | | | | | | | |
| 9. Ending Balance 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, Cathy Petzke, VP Controller (PRINT Name and Title of Officer Authorized) | | (Name of Trus | TRUST COMPAN | Y | | | | | |
| do certify that the information contained in the of false information with the intention to deceive | se statements are acc | urate to the best of | my knowledge and | belief. I underst | and that submission | | | | |
| Cathy Petite | | | | | VP Controller | | | | |
| (Signature of Officer Authorized to Sign | n Report) | | T | ïtle | | | | | |
| | Catherine Petzke | | | | 630-891-6134 | | | | |
| Name of Officer Above | | | Telephone Nun | nber (Extension) | | | | | |
| 630-368-5699 | | | | cpetzke@ | mtrustcompany.com | | | | |
| Fax Number | | | E-mail | Address | | | | | |