

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

Trust Company Name: State Street Trust Company
Address: 10 South Wacker Drive Suite 1260
City, State, Zip: Chicago, IL 60606
Credential Number: 60518

Including the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on March 31, 2020 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	4,987
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:	219

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable	209
Other (List): Accounts Receivable	10

9. Goodwill	
10. Intangibles	
11. Other Assets	

Itemize assets that account for 10% or greater of Line 11: (Description & Amount)

TOTAL ASSETS

5,206

LIABILITIES

12. Accounts Payable	-
13./ Accrued expenses	45
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	45
-----------------------	----

EQUITY CAPITAL

17. Preferred Stock	
18. Common Stock	-
19. Surplus	3,000
20. Reserve for Operating Expenses	
21. Retained Earnings (Loss)	2,161

22. TOTAL EQUITY CAPITAL	5,161
--------------------------	-------

TOTAL LIABILITIES AND EQUITY CAPITAL

Check / should equal zero - otherwise correct

5,206
(0)

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

Trust Company Name:	State Street Trust Company
Address:	10 South Wacker Drive Suite 1260
City, State, Zip:	Chicago, IL 60606
Credential Number:	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
 - G. Corporate Services
 - H. Land Trusts
 - I. All Other Fiduciary Activities

	150
	2

2. Interest income

3. All Other Income: (List below)

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

152

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

77

Itemize amounts >than 10% Line I above.

Intercompany charges from parent	43
Fees Paid Subsidiary	34

6. **TOTAL OPERATING EXPENSES** (Items A-I)

77

7. **NET OPERATING INC/(LOSS) BEFORE TAXES**

75

8. **APPLICABLE INCOME TAXES**

20

9. **EXTRAORDINARY ITEMS**

--

10. **NET INCOME (LOSS) AFTER TAXES**

55

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:

TRUST COMPANY NAME: State Street Trust Company

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)

- 1. Balance beginning of fiscal year
 - 2. Net income (loss)
 - 3. Sale, conversion, acquisition, or retirement of capital
 - 4. Changes incident to mergers and absorptions
 - 5. Cash dividends declared on preferred stock
 - 6. Cash dividends declared on common stock
 - 7. Stock dividends issued
 - 8. Other increases (decreases)
- Itemize other:

PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNING	TOTAL EQUITY CAPITAL (Line Total)
	-	3,000	2,106	5,106
			55	55
		3,000	2,161	5,161

9. ENDING BALANCE
Check / should equal zero - otherwise correct

CERTIFICATIONSECTION
Person to whom Department Supervisory Staff should direct questions concerning this report.

I, Thomas M. Higgins
(Name of Officer Authorized to Sign Report)
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.
Thomas M. Higgins
(Signature of Officer Authorized to Sign Report)

of State Street Trust Company
(Name of Trust Company)
Controller/Vice President
Title
617-664-0547
Telephone Number (Extension)
tmhiggins@statestreet.com
E-mail Address

Thomas M. Higgins
Name of Officer Above
Fax Number

Reddy, Ajay Kiran

From: REGULATORY REPORTING
Sent: Tuesday, April 14, 2020 6:33 PM
To: Singhania, Gautam; Reddy, Ajay Kiran
Subject: RE: [External] Call for Quarterly Report of Condition & Income/Regulatory Fee

Information Classification: ●● Limited Access

From: IL Dept of Financial and Professional Regulation <FPR.Notice@Illinois.gov>
Sent: Thursday, April 02, 2020 1:30 AM
To: REGULATORY REPORTING <REGULATORYREPORTING2@StateStreet.com>
Subject: [External] Call for Quarterly Report of Condition & Income/Regulatory Fee

Illinois Department of Financial and Professional Regulation Division of Banking		
JB PRITZKER Governor	DEBORAH HAGAN Secretary	CHASSE REHWINKEL Acting Director Division of Banking

VIA ELECTRONIC MAIL

MEMORANDUM

TO: All Illinois Trust Companies

FROM: Chasse Rehwinkel, Acting Director

DATE: April 1, 2020

SUBJECT: Call for Quarterly Report of Condition & Income/Regulatory Fee

Pursuant to Section 5-9 of the Corporate Fiduciary Act, 205 ILCS 620/5-9, you are herein called upon to submit an electronic version of the quarterly [Consolidated Report of Condition and Income](#) for your trust company completed as of the close of business March 31, 2020. The President, Vice-President or principal accounting officer of your trust company must verify the report. The forms are available on the Agency's Web-site at: www.IDFPR.com. Please send **one (1) electronic copy** of the quarterly [Consolidated Report of Condition and Income](#) to IL.Banks@Illinois.gov no later than April 30, 2020.

The Department will collect your quarterly regulatory fees via an Automated Clearing House (ACH) Transaction. On April 30, 2020, the Department will debit the amount indicated on the enclosed remittance advice from the account number and routing number you have designated. If you wish to change the account number or routing transit number on file with the Department, ACH change forms are available on our website at www.idfpr.com/Forms/Banks/CBT/ACHForm.docx. Please submit the new ACH form electronically to the IL.Banks@Illinois.gov account no later than April 17, 2020.

Please be advised that the Department will post the call report on its website for public viewing. Questions concerning these reporting requirements, or the calculation of your quarterly assessment may be directed to our Springfield office at (217) 785-2900. Thank you for your cooperation.

CR:tz

Illinois Department of Financial and Professional Regulation Division of Banking		
JB PRITZKER Governor	DEBORAH HAGAN Secretary	CHASSE REHWINKEL Acting Director Division of Banking
April 1, 2020 Remittance Advice		

State Street Trust Company
100 Huntington Ave.
Copley Place - Tower 2, Floor 2
Boston, MA 02116

CORPORATE FIDUCIARY REGULATORY FEE: Section 5-10 of the Corporate Fiduciary Act requires payment of reasonable fees to cover the Department's cost of administering that Act. Your quarterly fee, based upon the length of your last examination is:

\$4,175.00

TOTAL FEE DUE:

\$4,175.00

IL 505-0261

Account Number: TRS.0060518

Billing Period: 2020Q1