

**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 June 30, 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
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:

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable  
Other (List): Accounts Receivable

	182
	11

9. Goodwill
10. Intangibles
11. Other Assets

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


**TOTAL ASSETS**

**5,156**

**LIABILITIES**

12. Accounts Payable
13. Accrued expenses
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**

**-**

**EQUITY CAPITAL**

17. Preferred Stock
18. Common Stock
19. Surplus
20. Reserve for Operating Expenses
21. Retained Earnings (Loss)

3,000
2,156

**22. TOTAL EQUITY CAPITAL**

**5,156**

**TOTAL LIABILITIES AND EQUITY CAPITAL**

Check / should equal zero - otherwise correct

5,156
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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	280
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest income	2
3. All Other Income: (List below)	

<b>4. TOTAL OPERATING INCOME</b> (Sum of Items 1-3)	282
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**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	20
H. Insurance (Fiduciary Activities)	
I. All Other	193

Itemize amounts >than 10% Line I above.

Fees Paid Subsidiary	142
Fee Expense Intercompany	43

<b>6. TOTAL OPERATING EXPENSES</b> (Items A-I)	213
<b>7. NET OPERATING INC/(LOSS) BEFORE TAXES</b>	69
<b>8. APPLICABLE INCOME TAXES</b>	19
<b>9. EXTRAORDINARY ITEMS</b>	
<b>10. NET INCOME</b> (LOSS) AFTER TAXES	50

**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:**

Line 2 - No Intrest income in Q2  
Line 5G - Increase dut to annual audit fee  
Line 5I - Increase in other Operating Expenses  
Line 8 - Decrease in State and Federal income taxes driven by decrease in revenue  
Line 10 -Decrease in Net income is due to increase in operating expenses and decrease in revenue in Q2

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
			50	50

## 9. ENDING BALANCE

		3,000	2,156	5,156
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Check / should equal zero - otherwise correct

## CERTIFICATIONSECTION

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

I, Thomas M. Higgins

of State Street Trust Company

(Name of Officer Authorized to Sign Report)

(Name of Trust Company)

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)

Controller/Vice President

Title

Thomas M. Higgins

Name of Officer Above

617-664-0547

Telephone Number (Extension)

Fax Number

[tmhiggins@statestreet.com](mailto:tmhiggins@statestreet.com)

E-mail Address