

**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 December 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	5,131
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:	208

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable	195
Other (List): Accounts Receivable	13

8. Goodwill	
9. Intangibles	
10. Other Assets	

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

11. TOTAL ASSETS	5,339
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LIABILITIES

12. Accounts Payable	-
13. Taxes Payable	10
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	10
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EQUITY CAPITAL

17. Preferred Stock	
18. Common Stock	-
19. Surplus	3,000
20. Reserve for Operating Expenses	
21. Retained Earnings (Loss)	2,329

22. TOTAL EQUITY CAPITAL	5,329
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TOTAL LIABILITIES AND EQUITY CAPITAL

Check / should equal zero - otherwise correct

5,339
(0)

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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	533
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest income	2
3. All Other Income: (List below)	
4. TOTAL OPERATING INCOME (Sum of Items 1-3)	535

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	209
Itemize amounts >than 10% Line I above.	
Fees Paid Subsidiary	139
Fee Expense Intercompany	43
Other Fees	27
6. TOTAL OPERATING EXPENSES (Items A-I)	229
7. NET OPERATING INC/(LOSS) BEFORE TAXES	306
8. APPLICABLE INCOME TAXES	83
9. EXTRAORDINARY ITEMS	
10. NET INCOME (LOSS) AFTER TAXES	223

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 1F - Decrease in Fiduciary activities is due to decrease in fee income in Q4
Line 2 - No Interest income in Q2, Q3 & Q4
Line 5G - No audit fee posted in Q4
Line 5I - Increase in other Operating Expenses
Line 8 - Decrease in State and Federal income taxes is driven by decrease in revenue
Line 10 - Decrease in Net income is due to increase in operating expenses and decrease in revenue in Q4

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 EARNING	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year		-	3,000	2,106	5,106
2. Net income (loss)				223	223
3. Capital Sale/conversion/acquisition/retirement					
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:					
9. ENDING BALANCE			3,000	2,329	5,329

Check / should equal zero - otherwise correct

CERTIFICATION SECTION

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 E-mail Address