

**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 and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

31-Mar-20

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution

5,259

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:

4,186

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable

3,780

Inter-Company Accounts Receivable

406

Other (List):

9. Goodwill

10. Intangibles

11. Other Assets

0

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

TOTAL ASSETS

9,445

LIABILITIES

12. Accounts Payable

13. Taxes Payable

141

14. Other Liabilities for Borrowed Money

15. Other Liabilities

3,634

Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)

Sub-advisory fee payable to Affiliates	2,223
Sub-advisory fee payable to third party	1,327
Other payables	84

16. TOTAL LIABILITIES

3,775

EQUITY CAPITAL

17. Preferred Stock

18. Common Stock

750

19. Surplus

1,250

20. Reserve for Operating Expenses

21. Retained Earnings (Loss)

3,670

22. TOTAL EQUITY CAPITAL

5,670

TOTAL LIABILITIES AND EQUITY CAPITAL

9,445

Check / should equal zero - otherwise correct

0

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

Trust Company Name:

Address:

City, State, Zip

Credential Number:

UBS Asset Management Trust Company
1 N.Wacker Drive
Chicago, IL 60606
60376

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

2. Interest Income

3. All Other Income: (List below)

Sub-Advisory Fee - Parent	(2,120)
Sub-Advisory Fee Payable	(61)

2,396
13
(2,181)

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

228

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

Itemize amounts < than 10% Line I above.

Referral Fees to affiliates	0
Board of Director Fees	0
Office of Banks & R/E	0
Custody & Referral Fees	0

16
0
40

6. TOTAL OPERATING EXPENSES (Items A-I)
7. NET OPERATING INC/LOSS BEFORE TAXES
8. APPLICABLE INCOME TAXES
9. EXTRAORDINARY ITEMS
10. NET INCOME (LOSS) AFTER TAXES

56
172
46
126

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)

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)
	750	1,250	3,543	5,543
			127	127
				0
				0
				0
			0	0
				0
				0

9. Ending Balance

0	750	1,250	3,670	5,670
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Check / should equal zero - otherwise correct

(0)

CERTIFICATION SECTION

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

I, Kevin Fabian of UBS Asset Management Trust Company

(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.

(Signature of Officer Authorized to Sign Report)

Kevin Fabian
PRINT Name of Officer Above

Fax Number

Director/Assistant Treasurer

Full Title/Position

312 525-5247

Telephone Number (extension)

Kevin.fabian@ubs.com

E-mail Address