NC Commissioner of Banks
Location: 316 W. Edenton Street, Raleigh, NC 27603
Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309
Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

State Trust Company Consolidated Report of Condition and Income

NAME AND ADDRESS: _____
_____
_____
_____

Report at the close of business

_____

All Report of Income figures are to be reported on a calendar year-to-date basis in thousands of dollars.

Report of Income

(000)

REVENUES

1. Income from fiduciary activities ..... _____ 1.
2. Income from custody and agency accounts ..... _____ 2.
3. Interest Income ..... _____ 3.
4. All other income ..... _____ 4.
   (itemize and describe the four largest amounts greater than 10% of item 4)
   a. _____ ..... _____ 4.a.
   b. _____ ..... _____ 4.b.
   c. _____ ..... _____ 4.c.
   d. _____ ..... _____ 4.d.
5. Total operating income (sum of items 1 through 4) ..... _____ 5.

EXPENSES

6. Interest expense ..... _____ 6.
7. Provision for possible loan losses ..... _____ 7.
8. Operating expense:
   a. Salaries ..... _____ 8.a.
   b. Employee benefits ..... _____ 8.b.
   c. Occupancy expense ..... _____ 8.c.
   d. Data processing ..... _____ 8.d.
9. Other operating expense ..... _____ 9.
   (Itemize and describe the four largest amounts greater than 10% of line 9)
   a. _____ ..... _____ 9.a.
   b. _____ ..... _____ 9.b.
   c. _____ ..... _____ 9.c.
   d. _____ ..... _____ 9.d.
10. Total operating expenses (sum of items 8 through 9) ..... _____ 10.
11. Net operating income (loss) before income taxes and extraordinary items (item 5 minus 9) ..... _____ 11.
12. Applicable income taxes (on item 11) ..... _____ 12.
13. Income (loss) before extraordinary items and other adjustments (item 11 minus 12) ..... _____ 13.
14. Extraordinary gains (losses) and other adjustments, net of income taxes ..... _____ 14.
    (describe) _____
15. Net income (loss) (item 13 plus 14) ..... _____ 15.

Report the amount outstanding as of the last business day of the quarter in thousands of dollars.

Report of Condition

ASSETS **(000)**

1. Cash and balances due from depository institutions:
   a. Noninterest-bearing balances, currency and coin ..... _____ 1.a.
   b. Interest-bearing balances ..... _____ 1.b.
2. Securities
   a. Book value of held-to-maturity securities ..... _____ 2.a.
   b. Fair market value of available-for-sale securities ..... _____ 2.b.
3. Securities purchased under agreements to resell ..... _____ 3.
4. Loans and lease financing receivables:
   a. Loans and leases net of unearned income ..... _____ 4.a.
   b. LESS: Allowance for loan and lease losses ..... _____ 4.b.
   c. Net loans and leases (item 4.a minus 4.b) ..... _____ 4.c.
5. Receivables:
   a. Customers:
      (1) For settlements ..... _____ 5.a.(1)
      (2) For services ..... _____ 5.a.(2)
   b. Dividends, interest, and other ..... _____ 5.b.
6. Prepaid expenses and deposits ..... _____ 6.
7. Assets held in trading accounts ..... _____ 7.
8. Net premises and fixed assets including capitalized leases ..... _____ 8.
9. Other real estate owned ..... _____ 9.
10. Investments in unconsolidated subsidiaries ..... _____ 10.
11. Intangible assets ..... _____ 11.
12. Other assets ..... _____ 12.
13. Total assets (sum of items 1 through 12) ..... _____ 13.

LIABILITIES

14. Drafts payable ..... _____ 14.
15. Payable to customers ..... _____ 15.
16. Mortgage indebtedness and obligations under capitalized leases ..... _____ 16.
17. Other borrowed money ..... _____ 17.
18. Notes and debentures ..... _____ 18.
19. Other liabilities ..... _____ 19.
20. Total Liabilities (sum of items 14 through 19) ..... _____ 20.
21. Limited life preferred stock ..... _____ 21.

EQUITY CAPITAL

22. Perpetual preferred stock and related surplus: (Number of shares outstanding _____) ... _____ 22.
23. Common stock: Number of shares: Authorized Outstanding
    a. Class A: _____ _____ ..... _____ 23.a.
    b. Class B: _____ _____ ..... _____ 23.b.
24. Surplus ..... _____ 24.
25. a. Undivided profits and capital reserves ..... _____ 25.a.
    b. Net unrealized holding gains (losses) on available-for-sale securities ..... _____ 25.b.
26. Total equity capital (sum of items 22 through 25) ..... _____ 26.

27. Total liabilities, limited life preferred stock, and equity capital (sum of items 20, 21, and 26) ..... _____ 27.

I, the undersigned officer of the named state trust company, do hereby declare that these Reports of Condition and Income are true to the best of my knowledge and belief.

_____	_____	_____
Name and Title of Officer Authorized to Sign Report	Signature and Date	Phone Number

We, the undersigned directors, attest the correctness of the Report of Condition and declare that it has been examined by us and to the best of our knowledge and belief is true and correct.

_____	_____	_____
Director	Director	Director

NOTARY STATEMENT AND SEAL:
I, _____a Notary Public, do certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand this _____ day of _____20____.

My Commission Expires: _____ 20____. _____
Notary Public

(SEAL)