

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

<b>Trust Company Name:</b>	<b>Midland Trust Company</b>
<b>Address:</b>	<b>1201 Network Centre Drive</b>
<b>City, State, Zip</b>	<b>Effingham IL, 62401</b>
<b>Credential Number:</b>	<b>TRS # 60943</b> <span style="float: right;"><i>(5-digit number-should begin with 60)</i></span>

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on: **3/31/2023**  
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

*ALTERATION OF THIS FORM IS PROHIBITED AND WILL BE CONSIDERED NON-COMPLIANCE WITH FILING REQUIREMENTS.*

**ASSETS**

**In Thousands(000)**

1. Cash and Due from Depository Institution		16,198
2. U.S. Treasury Securities		0
3. Obligations of States and Political Subdivisions		0
4. Other Bonds, Notes Receivable, and Debentures		0

**Itemize the Notes Receivable amount listed above:**

Inter-Company/Employee/Director:	
Other (List):	

5. Corporate Stock		0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		172
7. Accounts Receivable:		1,499

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable	1,499
Inter-Company Account Receivable	0
Other (List):	0
Accounts Receivable - Other	0

8. Goodwill		2,318
9. Intangibles		2,865
10. Other Assets		646

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


11. **TOTAL ASSETS** 23,698

**LIABILITIES**

12. Accounts Payable		80
13. Taxes Payable		354
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		1,420

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

Operating Lease Liabilities	417
	0

16. **TOTAL LIABILITIES** 1,854

**EQUITY CAPITAL**

17. Preferred Stock		0
18. Common Stock		0
19. Surplus		10,192
20. Reserve for Operating Expenses		0
21. Retained Earnings (Loss)		11,652

22. **TOTAL EQUITY CAPITAL** 21,844

23. **TOTAL LIABILITIES AND EQUITY CAPITAL** 23,698

*Check & Balance: should equal zero - otherwise incorrect* 0

Trust Company Name:  
 Credential Number:

<b>Midland Trust Company</b>
TRS # <b>60943</b>

**INCOME**

In Thousands(000)

**1. Income from Fiduciary Activities:**

A. Estates	38
B. Personal	2,702
C. Investment Advisory	219
D. Managed Employee Benefit	87
E. Non-managed Employee Benefit	0
F. Custody	11
G. Corporate Services	0
H. Land Trusts	0
I. All Other Fiduciary Activities	0

**2. Interest Income**

**3. All Other Income: ( List below)**


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

3,057
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**EXPENSES**

**5. Operating Expenses:**

A. Salaries	1,018
B. Employee Benefits	280
C. Trust Company Occupancy Expense	127
D. Furniture and Equipment Expense	12
E. Data Services	0
F. Marketing	24
G. Audits/Examinations	0
H. Insurance (Fiduciary Activities)	11
I. All Other	712

Itemize amounts > 10% from Line I above.


**6. TOTAL OPERATING**

2,184
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**7. NET OPERATING INCOME/LOSS BEFORE TAXES**

873
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**8. APPLICABLE INCOME TAXES**

244
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**9. EXTRAORDINARY ITEMS**

0
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**10. NET INCOME (LOSS) AFTER TAXES**

629
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Explain any change greater than 10% from the average of the previous quarter(s).

IF this is the first quarter of the fiscal year, disregard explanation:

Trust Company Name:

Midland Trust Company

**CHANGES IN EQUITY CAPITAL**

Thousands of Dollars ( Year-to-Date)	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	0	10,192	11,023	21,215
2. Net Income (loss)				629	629
sale/conversion/acquisition/retirement	0	0	0	0	0
4. Changes incident to mergers & absorptions	0	0	0	0	0
5. Cash dividends declared on preferred stock			0	0	0
6. Cash dividends declared on common stock			0	0	0
7. Stock dividends issued	0	0	0	0	0
8. Other increases/decreases - ITEMIZE:	0	0	0	0	0
Capital injection from Midland States Bank					
<b>9. Ending Balance</b>	<b>0</b>	<b>0</b>	<b>10,192</b>	<b>11,652</b>	<b>21,844</b>
<i>Check &amp; Balance: should equal zero - otherwise incorrect</i>					0

**NOTE:** Additional Page(s) may be attached to this report if an item requires further explanation or justification.

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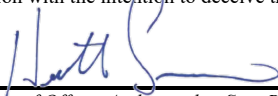
**CERTIFICATION SECTION**

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

I, Heath Sorenson of Midland Trust Company

(*PRINT Name and Title of Officer Authorized to Sign Report*) (*Name of Trust Company*)

do 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*)

\_\_\_\_\_  
 Title

Heath Sorenson  
 \_\_\_\_\_  
 Name of Officer Above

President  
 \_\_\_\_\_  
 Telephone Number (Extension) 815-312-5504

877-549-9690  
 \_\_\_\_\_  
 Fax Number

hsorenson@midlandsb.com  
 \_\_\_\_\_  
 E-mail Address