

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

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

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on: **6/30/2023**
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		16,810
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		167
7. Accounts Receivable:		1,394

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable	1,394
Inter-Company Account Receivable	0
Other (List):	0
Accounts Receivable - Other	0

8. Goodwill		2,318
9. Intangibles		2,759
10. Other Assets		603

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

11. **TOTAL ASSETS** 24,051

LIABILITIES

12. Accounts Payable		76
13. Taxes Payable		349
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		1,201

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

Operating Lease Liabilities	332

16. **TOTAL LIABILITIES** 1,626

EQUITY CAPITAL

17. Preferred Stock		0
18. Common Stock		0
19. Surplus		10,192
20. Reserve for Operating Expenses		0
21. Retained Earnings (Loss)		12,233

22. **TOTAL EQUITY CAPITAL** 22,425

23. **TOTAL LIABILITIES AND EQUITY CAPITAL** 24,051

Check & Balance: should equal zero - otherwise incorrect (0)

Trust Company Name:
 Credential Number:

Midland Trust Company
TRS # 60943

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	102
B. Personal	5,231
C. Investment Advisory	408
D. Managed Employee Benefit	188
E. Non-managed Employee Benefit	0
F. Custody	20
G. Corporate Services	3
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)

5,952

EXPENSES

5. Operating Expenses:

A. Salaries	1,942
B. Employee Benefits	537
C. Trust Company Occupancy Expense	255
D. Furniture and Equipment Expense	24
E. Data Services	0
F. Marketing	33
G. Audits/Examinations	0
H. Insurance (Fiduciary Activities)	23
I. All Other	1,461

Itemize amounts > 10% from Line I above.

Management Fee Expense	946
Trust Intangible Amortization	212
Third Party Referral Fees	155

6. TOTAL OPERATING

4,275

7. NET OPERATING INCOME/LOSS BEFORE TAXES

1,677

8. APPLICABLE INCOME TAXES

467

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

1,210

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)				1,210	1,210
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					
9. Ending Balance	0	0	10,192	12,233	22,425
<i>Check & 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.

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 President

Heath Sorenson

Name of Officer Above

815-312-5504

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