

**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: **9/29/2023**
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		16,208
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		153
7. Accounts Receivable:		1,437

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable	1,437
Inter-Company Account Receivable	0
Other (List):	0
Accounts Receivable - Other	0

8. Goodwill		2,318
9. Intangibles		2,653
10. Other Assets		1,248

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

11. **TOTAL ASSETS** 24,017

LIABILITIES

12. Accounts Payable		81
13. Taxes Payable		204
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		1,434

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

Operating Lease Liabilities	1,253

16. **TOTAL LIABILITIES** 1,719

EQUITY CAPITAL

17. Preferred Stock		0
18. Common Stock		0
19. Surplus		10,192
20. Reserve for Operating Expenses		0
21. Retained Earnings (Loss)		12,106

22. **TOTAL EQUITY CAPITAL** 22,298

23. **TOTAL LIABILITIES AND EQUITY CAPITAL** 24,017

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	229
B. Personal	7,778
C. Investment Advisory	621
D. Managed Employee Benefit	282
E. Non-managed Employee Benefit	0
F. Custody	30
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)

8,943

EXPENSES

5. Operating Expenses:

A. Salaries	2,884
B. Employee Benefits	783
C. Trust Company Occupancy Expense	380
D. Furniture and Equipment Expense	36
E. Data Services	0
F. Marketing	55
G. Audits/Examinations	0
H. Insurance (Fiduciary Activities)	34
I. All Other	2,483

Itemize amounts > 10% from Line I above.

Management Fee Expense	1,424
Trust Intangible Amortization	318
Other Losses	307

6. TOTAL OPERATING

6,656

7. NET OPERATING INCOME/LOSS BEFORE TAXES

2,287

8. APPLICABLE INCOME TAXES

1,204

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

1,083

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)				1,083	1,083
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	12,106	22,298
<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.

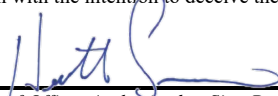
CERTIFICATION SECTION

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

I, Heath Sorenson, President 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)

217-342-2386

Fax Number

815-312-5504

E-mail Address