

**Illinois Department of Financial and Professional Regulation, Division of Banking**  
**320 West Washington Street – 5<sup>th</sup> Floor, Springfield, Illinois 62786**

**IL.BANKS@Illinois.gov**

**Phone: (217) 785-2900 Fax: (217) 557-0330**

**ANNUAL FOREIGN CORPORATE FIDUCIARY REPORT**

**For the Calendar Year  
Ending December 31, 2024**

1. Fill out the following information for your institution. Has any of this information changed since your last annual report? YES  NO

Name	
Street Address, City, State & Zip Code	
Phone Number	
Email Address	
Fax Number	

2. Indicate the authority by which your institution was granted fiduciary powers (i.e. Comptroller of the Currency, state banking department- specify which one):

\_\_\_\_\_

If this information has changed since your last annual report, indicate the previous regulator:

\_\_\_\_\_

3. Indicate the specific fiduciary capacities in which the institution is currently acting in in the State of Illinois (i.e. trust under will, trustee under corporate bond indenture, trustee for employee benefit accounts, etc.):

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

4. Indicate any capacity listed in #3 that the institution has not been granted the authority to act in. Note that the institution may not act in additional capacities without the approval of the Illinois Department of Financial and Professional Regulation and must submit an [Application to Amend a Certificate of Authority of a Foreign Corporate Fiduciary to Authorize Additional Powers](#) for approval.

5. Indicate the following contact information for your institution's Foreign Corporate Fiduciary Annual Renewal Contact person:

Name and Title	
Business Address (Street, City, State & Zip Code)	
Business Phone Number	
Emergency After Hours Phone Number	
Business Email Address	

6. Indicate the following contact information for your institution's alternate Foreign Corporate Fiduciary Annual Renewal Contact person:

Name and Title	
Business Address (Street, City, State & Zip Code)	
Business Phone Number	
Emergency After Hours Phone Number	
Business Email Address	

7. Indicate how many foreign trust representative offices this institution operates in Illinois: \_\_\_\_\_

8. Indicate the following information for each foreign trust representative office located in the State of Illinois maintained by the institution listed in #1. Please attach a separate document if more space is needed.

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

**CERTIFICATION**

**I hereby certify that the information contained in this report is true and complete to the best of my knowledge and belief. I understand that the submission of false information with the intention to deceive the Secretary or his administrative officers is a felony, 205 ILCS 620/8-1.**

Signature of Officer: \_\_\_\_\_ Title \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_