

UNITED STATES <b>SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549	Form X-17A-5 ANNUAL AUDITED REPORT Form X-17A-5 Part III
<b>FACING PAGE</b> Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder	

## X-17A-5: Filer Information

Filer CIK	0000319933
Filer CCC	@2ungauh
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input checked="" type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Broker Dealer Copy File Number	
Confirming Security-Based Swap Entity Copy File Number	

### Submission Contact Information

Name	Matthew Reynolds
Phone	312-388-4932
E-Mail Address	mreynolds@thurstonspringer.com

### Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
Notification E-mail Address	mreynolds@thurstonspringer.com
Notification E-mail Address	nmazzini@thurstonspringer.com

## X-17A-5: Submission Information

Report for the Period Beginning	07-01-2022
and Ending	06-30-2023
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> Security-based swap dealer <input type="checkbox"/> Major security-based swap participant <input type="checkbox"/> OTC derivatives dealer

### Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## X-17A-5: A. Registrant Identification

Name of Firm	THURSTON, SPRINGER, MILLER, HERD & TITAK, INC.
<b>Address of Principal Place of Business (Do not use P.O. Box No.)</b>	
Address 1	9000 KEYSTONE CROSSING
Address 2	SUITE 700
City	INDIANAPOLIS

State/Country

INDIANA

Mailing Zip/ Portal Code

46240-2142

**Name and Telephone Number of Person to Contact in Regard to this Report**

Name

Matthew Reynolds

Telephone Number

312-399-4932

**X-17A-5: B. Accountant Identification****Independent Public Accountant**

Name - if individual, state last, first, and middle name

Clark, Schaefer Hackett

Address 1

One East Fourth Street

Address 2

#1200

City

Cincinnati

State/Country

OHIO

Mailing Zip/ Postal Code

45202

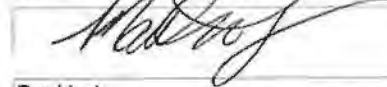
Check One

- ☐ Certified Public Accountant  
☐ Certified Public Accountant not resident in United States or any of its possessions

**X-17A-5: Signature****Oath or Affirmation**

I, **Matthew Reynolds**, swear (or affirm) that, to the best of my knowledge and belief, the financial report pertaining to the firm of **THURSTON, SPRINGER, MILLER, HERD & TITAK, INC.**, as of **06-30-2023**, is true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

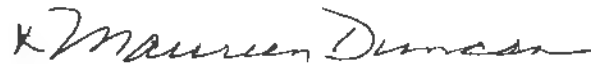


Title

President

**Notary Public**

Checking this box acknowledges that this oath or affirmation has been notarized.




MAUREEN DUNCAN  
 Notary Public, State of Indiana  
 Resident of Marion County, IN  
 My Commission Expires: October 16, 2026  
 Commission Number 0716350