



JEFFREY M. NELSON
Chief Legal Officer

Office of Regulatory Staff
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February 7, 2020

VIA ELECTRONIC FILING

Jocelyn G. Boyd, Esquire
Chief Clerk & Administrator
Public Service Commission of South Carolina
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

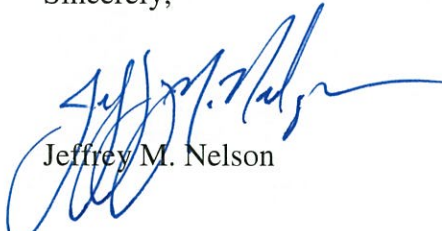
RE: Annual Report Form Revisions
Docket No: 2009-84-A

Dear Ms. Boyd:

Pursuant to the Commission's Directive, Order No. 2020-93, the South Carolina Office of Regulatory Staff hereby submits the Annual Report Notice as well as the Telecommunications Company Annual Report for the year ended 2019. No revisions have been made.

Should you need anything additional, please do not hesitate to contact me.

Sincerely,



Jeffrey M. Nelson

Encl.

cc: Joseph Melchers, Esquire (via e-mail)



Memorandum



TO: South Carolina Regulated Telecommunications Utilities

SUBJECT: 2019 Telecommunications Annual Report

DATE: January 31, 2020

Pursuant to regulations promulgated by the Public Service Commission of South Carolina (PSC) your company is required to complete and submit an annual report on its South Carolina 2019 operations to the PSC and the Office of Regulatory Staff (ORS) **no later than April 1, 2020**. If your company has a fiscal year-end other than December 31, 2019, the report is due three months after the end of your fiscal year; **however, you must notify the ORS in writing** of your company's fiscal year-end date.

In lieu of mailing a paper copy of the annual report form to each company, ORS is requesting that telecommunications carriers download the 2019 Telecommunications Annual Report form from the Office of Regulatory Staff website which is available in a PDF fillable format at www.ORS.sc.gov under Regulated Utilities – Telecommunications -Telecommunications Forms.

This is an updated / revised form. Only this version will be accepted.

Filers must complete forms and schedules as directed in the attached Completion Matrix. In lieu of mailing a paper copy of the annual report form, please email it to Telecommunications@ors.sc.gov. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. Emailing your report to the Office of Regulatory Staff will satisfy the utility's requirement for submitting an annual report as required by PSC regulation.

If you have any difficulties accessing or downloading the 2019 Telecommunications Annual Report form, please contact Jim McDaniel at 803-737-0812 or Kari Munn at 803-737-0821 regarding this process. If you have any additional questions or require an extension of time to file, please contact Kari Munn with the Office of Regulatory Staff at 803-737-0821 or the PSC at contact@psc.sc.gov / 803-896-5100. Thank you for your prompt attention and cooperation in this matter.

Handwritten signature of Jocelyn Boyd in cursive.

Jocelyn Boyd
Chief Clerk/Administrator
Public Service Commission of SC

Handwritten signature of Nanette S. Edwards in cursive.

Nanette S. Edwards
Executive Director
SC Office of Regulatory Staff

NOTE: The ORS calendar with required Telecommunications forms and due dates is located at <https://ors.sc.gov/regulated-utilities/telecommunications/telecommunications-forms>

Completion Matrix

	ILEC	CLEC	IXC
Authorized Utility Rep Form (Page 2-3)	X	X	X
Company Officers (Page 4)	X	X	X
Schedule 1 & 2 (Page 5)	X	X	
Schedule 3 (Page 6)	X	X	X
Schedule 4 (Page 7-8)			X
Affidavit (Page 9)	X	X	X

NOTE: The ORS calendar with required Telecommunications forms and due dates is located at <https://ors.sc.gov/regulated-utilities/telecommunications/telecommunications-forms>

TELECOMMUNICATIONS COMPANY ANNUAL REPORT

OF

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2019

Calendar Year Ending December 31, 2019

or

Fiscal Year Ending _____

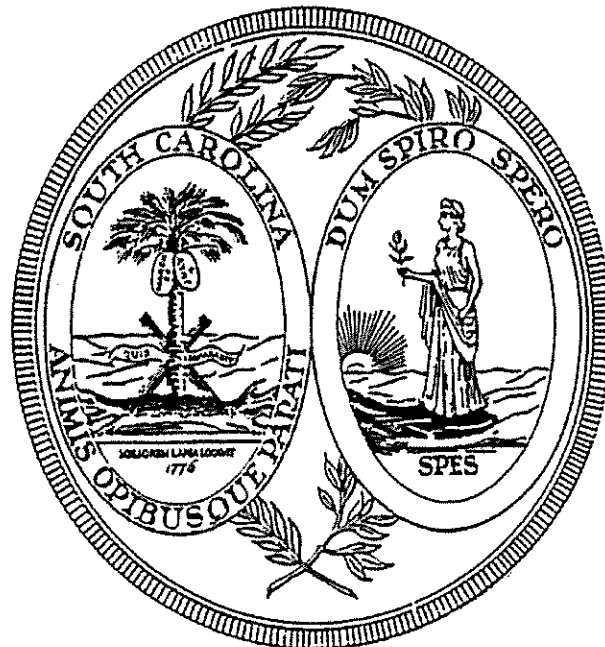


TABLE OF CONTENTS

<u>Schedule</u>		<u>Page</u>
-	General Instructions.....	1
-	Authorized Utility Representative Form.....	2-3
-	Company Officers	4
1	Income Statement	5
2	Telecommunications Plant in Service.....	5
3	Access Line or Equivalent	6
4	Interexchange Carrier Information	7-8
-	Affidavit.....	9

GENERAL INSTRUCTIONS

1. All Telecommunications Companies holding a South Carolina Certificate of Public Convenience and Necessity are required by state law to complete and file this annual report for their South Carolina operations. Effective January 1, 2020, pursuant to Order No. 2019-706 in Docket No. 2009-84-A, one copy of the Annual Report should be submitted to the PSC email address AnnualReports@psc.sc.gov by April 1, 2020. In addition, one copy should be retained by the company. Filing electronic copies will satisfy the utility's requirement for submitting an annual report as required by PSC regulation.
2. All forms are available in PDF Format on the Office of Regulatory Staff web site at: www.ORS.sc.gov
3. Where no information is available for an item in the report, "0," None, or Not Applicable are appropriate responses.
4. All accounting terms and phrases used in this report are to be interpreted in accordance with the Uniform System of Accounts prescribed in Part 32 of the Code of Federal Regulations (CFR) or in accordance with Generally Accepted Accounting Principles if your company has specific permission from the Commission to use GAAP for financial reporting and record keeping.
5. Throughout this report, money items will be rounded to the nearest dollar.
6. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.
7. The Authorized Utility Representative Form has been incorporated into this Annual Report.
8. Separate notification is required for changes in company contact information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.
The Authorized Utility Representative Form can be downloaded at: www.ORS.sc.gov
9. Contact the Office of Regulatory Staff at (803) 737-0821 if you have questions about this form or the requirements for a Telecommunications Company.
10. **FORM MUST BE COMPLETED EVEN IF REPORTING ZERO**

Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name:		FEIN/SSN:	
DBA/FKA:		Telephone #	
Mailing Address:			
City:	State:	ZIP Code:	
Check classifications granted by certificate	ILEC <input type="checkbox"/>	IXC <input type="checkbox"/>	CLEC <input type="checkbox"/> Wireless ETC <input type="checkbox"/>
REGISTERED AGENT INFORMATION			
Registered Agent:			
Mailing Address:			
City:	State:	ZIP Code:	

**As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:**

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Emergency Contact – Non Office Hours			
Name:			
Phone:	Email:	Fax:	
Customer Relations/Complaints Rep			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Complaints Rep for Complaint Escalation			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Customer Toll Free Contact Number:			
Engineering Operations			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Test and Repair			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Annual Report Form Mailings			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Dual Party Invoice Mailings			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Universal Service Fund Mailings			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Gross Receipts Mailings			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Lifeline Contact			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

ANNUAL REPORT PREPARER INFORMATION	
This form was completed by:	
Title:	Date:

Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: _____		
Title: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Telephone Number: (____) _____ E-mail: _____		

If the company did not operate in South Carolina during the reporting year, please sign below and complete the affidavit on page 9. No other entries are required.

I certify that this company did not operate in South Carolina during the reporting year.

_____ Signature

LOCAL EXCHANGE CARRIER ANNUAL REPORT
Schedule 1- South Carolina Income Statement

Year Ending December 31, 2019 or Fiscal Year Ending _____

<u>Operating Revenues:</u> <u>(Retail & Wholesale)</u>	<u>G/L Account #'s</u>	<u>Total</u>	<u>Intrastate Only</u>
Local Network Service Revenues			
Network Access Service Revenues			
Long Distance Revenues			
Miscellaneous Revenues			
Uncollectible Revenues			
Total Operating Revenues			
<u>Operating Expenses:</u>			
Total Operations Expenses & Taxes			
Net Income from Operations			
Nonoperating Items Including Interest			
Non-regulated Net Income			
Net Income			

Schedule 2- South Carolina Telecommunications Plant In Service		
<u>Description</u>	<u>G/L Account #'s</u>	<u>Balance at Close of Year</u>
<u>Telecommunications Plant</u>		
Telecommunications Plant in Service		
Property Held for Future Use		
Telecommunications Plant under Construction		

**Schedule 3- South Carolina End-User Access Lines and Equivalent Access Lines
Year Ending 12/31/2019**

All certificated carriers must complete schedule 3.

- IXC's must complete Line 4
- Wholesale Carriers or network providers must complete Line 5.

Wireless ETCs must complete Lines 6-8

1.	Total Business End User Circuit Based Access Lines	_____
2.	Total Residential End User Circuit Based Access Lines	_____
3.	Total End User Circuit Based Access Lines	_____
4.	Total Number of Customers	_____
5.	Total Wholesale Customers	_____

6.	Total Lifeline Customers provided Lifeline via resold service from an underlying carrier	_____
7.	Total Lifeline Customers provided Lifeline via facilities owned or leased	_____
8.	Total Lifeline Customers	_____

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS	
SCHEDULE 4: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS	
COMPANY NAME _____	
ADDRESS _____	PHONE NUMBER _____
CITY, STATE, ZIP CODE _____	FAX NUMBER _____
1. SOUTH CAROLINA OPERATING REVENUES FOR THE 12 MONTHS ENDING DECEMBER 31, 2019 OR FISCAL YEAR. \$ _____	
2. SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING DECEMBER 31, 2019 OR FISCAL YEAR. \$ _____	
3. RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS ENDING DECEMBER 31, 2019 OR FISCAL YEAR:	
Gross Plant located in or allocated to South Carolina operations \$ _____	
CWIP located in or allocated to South Carolina operations \$ _____	
Land located in or allocated to South Carolina operations \$ _____	
Accumulated Depreciation of South Carolina Plant (\$ _____)	
Net Rate Base located in or allocated to South Carolina operations \$ _____	
4. PARENT'S CAPITAL STRUCTURE FOR THE 12 MONTHS ENDING DECEMBER 31, 2019 OR FISCAL YEAR:	
LONG TERM DEBT \$ _____	
EQUITY \$ _____	
5. PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT _____ %.	
6. <u>CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING:</u>	
NAME _____	
ADDRESS IF DIFFERENT FROM COMPANY _____	
TELEPHONE NUMBER _____	

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS - CONTINUED

SCHEDULE 4: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS

7. **ALL DETAILS ON THE ALLOCATION METHOD USED TO DETERMINE THE AMOUNT OF EXPENSES ALLOCATED TO SOUTH CAROLINA OPERATIONS AS WELL AS METHOD OF ALLOCATION OF COMPANY'S RATE BASE INVESTMENT (SEE #3 PREVIOUS PAGE) (USE BACK IF NEEDED)**

NAME OF OFFICER SIGNING FORM (PRINT OR TYPE) _____

SIGNATURE _____

TITLE _____

Affidavit

State of _____

County of _____

I, _____ of the

_____ Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

_____ Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary Public

Commission Expires _____