

TELECOMMUNICATIONS COMPANY ANNUAL REPORT OF

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2023

☐ Calendar Year Ending December 31, 2023
or

☐ Fiscal Year Ending _____

Submit to: AnnualReports@psc.sc.gov

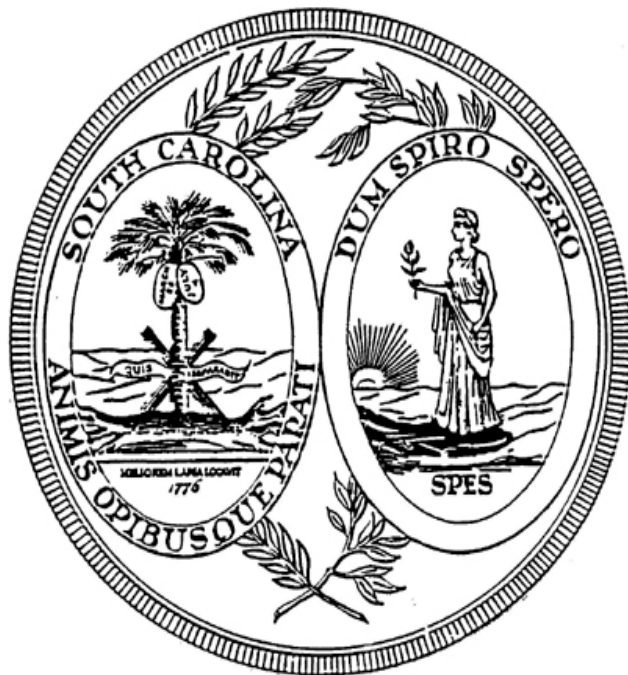


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GENERAL INSTRUCTIONS

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, 2024. 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 | IXC | CLEC | Wireless ETC |

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, 2023 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 12/31/2023**

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, 2023 OR FISCAL YEAR. \$ _____
2. SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING
DECEMBER 31, 2023 OR FISCAL YEAR. \$ _____
3. RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS
ENDING DECEMBER 31, 2023 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, 2023 OR FISCAL YEAR:

LONG TERM DEBT \$ _____

EQUITY \$ _____

5. PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT _____ %.

6. CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING:

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 _____