

TELECOMMUNICATIONS COMPANY ANNUAL REPORT

OF

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2024

Calendar Year Ending December 31, 2024
or

Fiscal Year Ending _____

Submit to: AnnualReports@psc.sc.gov

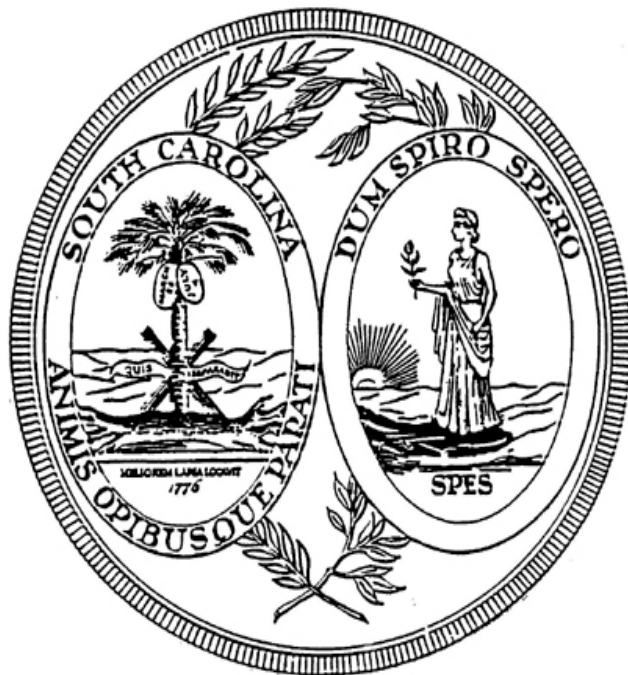


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GENERAL INSTRUCTIONS

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, 2025. 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) 737-0837 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, 2024 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 12/31/2024**

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, 2024 OR FISCAL YEAR. \$ _____

2. SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING DECEMBER 31, 2024 OR FISCAL YEAR. \$ _____

3. RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS ENDING DECEMBER 31, 2024 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, 2024 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 _____