

FILE



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PUCO

July 1, 2013

Barcy McNeal
Docketing Division
The Public Utilities Commission of Ohio
180 E. Broad St.
11th Floor
Columbus, OH 43215

Re: 13-1115-TP-COI – Annual Filing Requirements Pertaining to the
Provisioning of High Cost Universal High Cost
Fund Support -

Dear Ms. McNeal:

Pursuant to the Commission's June 27, 2013 Entry and the FCC's June 10, 2013 Order, the following ETCs are filing a copy of their July 1, 2013, 47 C.F.R. §54.313(h) responses to the FCC in the above captioned docket. All other 47 C.F.R. §54.313 responses should be filed in this docket consistent with the FCC's future established time frame.

Company:

- Ayersville Telephone Company
- Benton Ridge Telephone Company
- The Champaign Telephone Company
- Conneaut Telephone Company
- Doylestown Telephone Company
- The Ottoville Telephone Company
- Sherwood Mutual Telephone Association, Inc.

Please contact me if you have any questions regarding this filing.

Sincerely,

A handwritten signature in cursive script, reading "Judith E. Matz", is positioned above the typed name.

Judith E. Matz
Director, Regulatory Affairs

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Ayersville Telephone Co.</u>			
Signature of authorized officer <u>Phillip D. Mang</u>			Date <u>6/14/13</u>
Printed name of authorized officer <u>Phillip D. Mang</u>			
Title or position of authorized officer <u>Sec. / Treas.</u>			
Telephone number of authorized officer: <u>(419) 325-2222</u> ext. _____			
Study Area Code of Reporting Carrier	<u>0588</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

CERTIFICATION-AGENT

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <u>Ayersville Telephone Co.</u>				
Signature of authorized officer <u>Phillip D. Maag</u>			Date <u>6/4/13</u>	
Printed name of authorized officer <u>Phillip D. Maag</u>				
Title or position of authorized officer <u>Ser. / Treas.</u>				
Telephone number of authorized officer: <u>(49) 395-2222</u>				
Study Area Code of Reporting Carrier	<u>0588</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>	

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300588
2	Carrier Study Area Name	alpha characters	AYERSVILLE TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001649
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Maag, Phillip D
6	Contact Telephone Number (include area code)	9 numeric digits	419-395-2222
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	12.35				706

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300590
2	Carrier Study Area Name	alpha characters	BENTON RIDGE TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001651
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Ellerbrock, Martin L
6	Contact Telephone Number (include area code)	9 numeric digits	419-859-2144
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9				

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				BENTON RIDGE TEL CO	
Signature of authorized officer		<i>Ken Williams</i>		Date <i>5/31/13</i>	
Printed name of authorized officer		Ken Williams			
Title or position of authorized officer		President & CEO			
Telephone number of authorized officer: (419) 859-2144 ext.					
Study Area Code of Reporting Carrier		300590		Filing Due Date for this form (mm/dd/yyyy) 7/1/2013	
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013 and has no monthly residential rates (plus charges as defined) less than \$14.					

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>				
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>				
Name of Reporting Carrier <u>The Champaign Telephone Company</u>				
Signature of authorized officer <u>Tiffany M. Kulvinen</u>				Date <u>6/5/13</u>
Printed name of authorized officer <u>Tiffany M. Kulvinen</u>				
Title or position of authorized officer <u>Chief Financial Officer</u>				
Telephone number of authorized officer: <u>(937) 653-2263</u> ext. <u> </u>				
Study Area Code of Reporting Carrier	<u>300594</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>	

CERTIFICATION-AGENT

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier The Champaign Telephone Company			
Signature of authorized officer <i>Tiffany M. Kuvinen</i>			Date 6/5/13
Printed name of authorized officer Tiffany M. Kuvinen			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (937) 653-2263 ext.			
Study Area Code of Reporting Carrier	300594	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300594
2	Carrier Study Area Name	alpha characters	THE CHAMPAIGN TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001653
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Kuivinen, Tiffany Marie
6	Contact Telephone Number (include area code)	9 numeric digits	937-653-2263
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	13.72	0.00	0.00	0.00	13
10	13.92	0.00	0.00	0.00	1,742

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CONNEAUT TELEPHONE COMPANY			
Signature of authorized officer: <i>Karen L Picard</i>			Date: 06/12/2013
Printed name of authorized officer: KAREN L PICARD			
Title or position of authorized officer: CFO			
Telephone number of authorized officer: (440) 593-7127, ext.			
Study Area Code of Reporting Carrier	300606	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300606
2	Carrier Study Area Name	alpha characters	CONNEAUT TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001657
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	PICARD, KAREN L
6	Contact Telephone Number (include area code)	9 numeric digits	440-593-7127
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2 - Residential Local Service Rates, Fees and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	11.80	0.00	0.00	0.00	2566

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Doylestown Telephone Co.		
Signature of authorized officer	Thomas J. Brockman	Date	6/28/12
Printed name of authorized officer	Thomas J. Brockman		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(335) 458-2121 ext.		
Study Area Code of Reporting Carrier	300609	Filing Due Date for this form (mm/dd/yyyy)	

Rate Floor Data

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986					
Block 1 - General Information					
ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code	8 numeric digits	380609		
2	Carrier Study Area Name	alpha characters	Daylesburg Telephone Company		
3	Service Provider Identification Number	9 numeric digits	143001659		
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/28/12		
5	Contact Name	alpha characters	David Jones		
6	Contact Telephone Number (include area code)	9 numeric digits	330-658-3401		
7	Sheet number	numeric digit(s)	1		
8	Total Number of Sheets	numeric digit(s)	2		
Block 2 - Residential Local Service Charge, Fee, and Line Charge					
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	9.05	0	0	0	1632
10	4.53	0	0	0	2
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
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23					
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26					
27					
28					
29					
30					
31					
32					
33					
34					

RATE FLOOR REPORT

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **The Ottoville Mutual Telephone Company**

Signature of authorized officer *Donald J Hoersten*

Date **06/04/2013**

Printed name of authorized officer **Donald J Hoersten**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **(419) 453-3324, ext.**

Study Area Code of Reporting Carrier

300650

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2013



I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013 and has no monthly residential rates (plus charges as defined) less than \$14.

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Sherwood Mutual Telephone Association Inc			
Signature of authorized officer <i>Lynn Bergman</i>			Date 05/28/2013
Printed name of authorized officer Lynn Bergman			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (419) 899-2121 , ext.			
Study Area Code of Reporting Carrier	300656	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013 and has no monthly residential rates (plus charges as defined) less than \$14.			

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Sherwood Mutual Telephone Association Inc.</u>			
Signature of authorized officer <u>Lynn Bergman</u>			Date <u>6/3/2013</u>
Printed name of authorized officer <u>Lynn Bergman</u>			
Title or position of authorized officer <u>General Manager</u>			
Telephone number of authorized officer: <u>(419) 899-2121 ext.</u>			
Study Area Code of Reporting Carrier	<u>300656</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

CERTIFICATION-AGENT

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	306656
2	Carrier Study Area Name	alpha characters	SHERWOOD MUTUAL TEL. ASSOC.
3	Service Provider Identification Number	9 numeric digits	143001677
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Bergman, Lynn E
6	Contact Telephone Number (include area code)	9 numeric digits	419-898-2121
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9					