

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
 Washington, DC 20554

 Approved by OMB
 3060-0076
 Est. time per response:
 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
 [Please read instructions before completing and for Notice regarding public burden.]
SECTION 1 - General Information

1 Name and Mailing Address of Respondent : Somerset Telephone Company 525 Junction Rd Madison, WI 53717

☐ Check here if this is a change of address
FRN: 0003687159

2. Year Report Filed 2019 3. Reporting Period (Ending Date of Pay Period Covered by Report) April 2019

 4 Number of Full-Time Employees during Selected Reporting Period (check one)
 a. ☐ x Fewer than 16 (complete Sections 1, IV, and V only)
 b. ☐ 16 or more (complete all sections)
SECTION II - Full Time Employees.

| Job Categories | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | | | |
|---|-----|--|--------|------------------------|---------------------------|---|-------|----------------------------------|-------------------|-------|---------------------------|---|-------|----------------------------------|-------------------|--|--|-------------------------|
| | | Race/Ethnicity | | | | | | | | | | | | | | | | |
| | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | Total Columns A-N |
| | | | | Male | | | | | | | | Female | | | | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | | | |
| A | B | C | D | E | F | G | H | 1 | J | K | L | M | N | O | | | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | 0 | | | | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | 0 | | | | |
| Professionals | 2 | | | | | | | | | | | | | 0 | | | | |
| Technicians | 3 | | | | | | | | | | | | | 0 | | | | |
| Sales Workers | 4 | | | | | | | | | | | | | 0 | | | | |
| Administrative Support Workers | 5 | | | | | | | | | | | | | 0 | | | | |
| Craft Workers | 6 | | | | | | | | | | | | | 0 | | | | |
| Operatives | 7 | | | | | | | | | | | | | 0 | | | | |
| Laborers and Helpers | 8 | | | | | | | | | | | | | 0 | | | | |
| Service Workers | 9 | | | | | | | | | | | | | 0 | | | | |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | 0 | | | | |

Number of Employees
(Report employees in only one category)

[illegible]

X This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct

| | | | |
|-----------------|--|---|--------------------------------|
| Date 5/16/19 | Typed or Printed Name of Person Signing Andrew Petersen | Signature  | Telephone No (608) 664-4155 |
|-----------------|--|---|--------------------------------|

| Title of Person Signing | |
|---|--|
| Sr. Vice President-Corporate Affairs | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503) |