



Certified Electric Supplier Annual Report

Filing Instructions

I. How to File: Reports should be filed in the Delaware Public Service Commission's electronic filing system, which can be accessed at <https://delafile.delaware.gov/>, as a report filing. If unable to access DelaFile, reports should be mailed to the Commission at 861 Silver Lake Blvd., Cannon Building, Suite 100, Dover, DE 19904.

II. What to File: Use the attached form to submit the Annual Report (Please remove this instruction sheet prior to filing). All attachments should be clearly identified and attached as a separate document to the report in DelaFile. *Please note, this report does not replace the annual financial report required pursuant to 26. Del. C. §115(e) found here: <https://dep.sc.delaware.gov/regulated-utility-filings/>.*

III. Confidentiality: All information disclosed in this report is considered public information unless specifically labeled confidential. The Electric Supplier has the responsibility to disclose to the Commission Secretary what is privileged or confidential information not otherwise available to the public. The Electric Supplier should attach in DelaFile **(1) an unredacted copy of all confidential information, marked "CONFIDENTIAL" at the top in clear and conspicuous letters, the security level for this document in DelaFile should be designated "confidential"; and (2) a separate redacted version of all confidential documents, the security level in DelaFile should be designated "public".** For more information, see [26 Del. Admin Code. C. §1001 – Rules of Practice and Procedure of the Delaware Public Service Commission](#).

IV. Due Date: Suppliers and Brokers shall submit this report annually by April 30th pursuant to [26 Del. Admin Code. C. §3001 - Rules for Certification and Regulation of Electric Suppliers](#). Failure to submit this report may result in revocation of Electric Supplier Certificate.

Questions: Please contact:

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Electric Supplier Annual Report

Company Name

d/b/a (if applicable)

Business Mailing Address

City, State, Zip

Regulatory Contact

Name

Title

Phone

Email

Mailing Address

City, State, Zip

Complaint Contact

Name

Title

Phone

Email

Mailing Address

City, State, Zip

Delaware Registered Agent

Name

Phone

Mailing Address

City, State, Zip

Legal Contact

Name

Title

Phone

Email

Mailing Address

City, State, Zip

Revocations/Modifications/Suspension

Identify of any state in which the Electric Supplier has had its authority to sell electricity to or broker the sale of electricity to Customers revoked, modified, or suspended in the last calendar year

| State | Case Number | Venue | Final Order No. | Date Issued |
|-------|-------------|-------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Material Changes to Application Information

Any changes to the organizational structure previously provided?

- NO YES, SEE ATTACHMENT NO. ____

Any other material changes to the Application that have not yet been reported to the Commission?

- NO YES, SEE ATTACHMENT NO. ____

Criminal Activities

A statement detailing any criminal activities, except for misdemeanors or lesser, of which the Electric Supplier or any of its Affiliated Interests has been convicted, or which the principal or corporate officers have been convicted, in the last calendar year

- NONE
 YES (provide statement below and attach any relevant documentation)

Marketing and Sales Investigations

A copy of any stipulation, order, or decree concerning a formal, docketed complaint or investigation of the Electric Supplier's marketing and sales activities in other jurisdictions

- NONE YES, SEE ATTACHMENT NO. ____

Formal Complaint Investigations

A list of any states in which any formal complaint investigations have been initiated in the last calendar year

| State | Case/Docket Number |
|-------|--------------------|
| | |
| | |
| | |

Disciplinary Actions

A list of any states in which disciplinary actions have been taken in the last calendar year

| State | Case/Docket Number |
|-------|--------------------|
| | |
| | |
| | |

Customer Contact Information

The information on The List of Certified Electric Suppliers: <https://dep.sc.delaware.gov/customer-electric-choice/>

- Is correct Is incorrect, see corrections below

Types of Customers (as authorized by the Commission's Order): *Check all that apply*

- Residential
- Large Commercial
- Industrial
- Small Commercial

Geographic Area: *Check one or both*

- Delmarva Power & Light Service Territory
- Delaware Electric Cooperative Services Territory

Website: _____

Customer Service Number: _____

Customer Count

| Month | Number of Residential Customers | Number of Non Residential Customers | Total |
|-----------|---------------------------------|-------------------------------------|-------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

Name of Preparer

Phone

Email

VERIFICATION

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 20____, personally came before me, the subscriber, a Notary Public in and for the state and county aforesaid, _____ [name of individual who is signing] as the _____ [authority of individual or title of individual who is signing, e.g., President, Vice President, Sole Member/Manager, Trustee, etc.] of _____ [name of company or entity that is filing], known to me personally to be such or having presented to me satisfactory evidence of identity, and acknowledged this document to be [his or her] act and deed and the act and deed of such _____ [type of filer, e.g. corporation, limited liability company, etc.], that the signature of such individual is in [his or her] own proper handwriting, and that the facts set forth in this _____ [type of filing, e.g., application, petition, etc.] are true and correct to the best of [his or her] knowledge, information, and belief.

Signature of individual
Printed Name: _____

SIGNED AND SWORN (OR AFFIRMED) before me on this ___ day of _____, 20___, by _____ (name of individual who signed above).

Signature of Notarial Officer

SEAL

Title (e.g., Notary Public)

My Commission Expires: