

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

E-04204A
UNS Electric, Inc.
Attn: Jessica Bryne
P.O. Box 711, Mailstop HQE910
Tucson, Arizona 85702

RECEIVED
APR 15 2013
ACC UTILITIES DIRECTOR

ANNUAL REPORT
Electric

FOR YEAR ENDING

| | | |
|-----------|-----------|-------------|
| 12 | 31 | 2012 |
|-----------|-----------|-------------|

FOR COMMISSION USE

| | |
|---------------|-----------|
| ANN 01 | 12 |
|---------------|-----------|

4-22-13

COMPANY INFORMATION

| | | | |
|---|-----------------------------|------------------------------|--|
| Company Name (Business Name): <u> UNS Electric, Inc. </u> | | | |
| Mailing Address: <u> P.O. Box 711, Mailstop HQE910 </u> | | | |
| (Street) | | | |
| <u>Tucson</u> | <u>Arizona</u> | <u>85702</u> | |
| (City) | (State) | (Zip) | |
| <u>(520) 884-3650</u> | <u>(520) 884-3601</u> | <u>N/A</u> | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address: <u> JoSmith@uns.com </u> | | | |
| Local Office Mailing Address: <u> P.O. Box 711, Mailstop HQE910 </u> | | | |
| (Street) | | | |
| <u>Tucson</u> | <u>Arizona</u> | <u>85702</u> | |
| (City) | (State) | (Zip) | |
| <u>(520) 884-3650</u> | <u>(520) 884-3601</u> | <u>N/A</u> | |
| Local Office Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address: <u> JoSmith@uns.com </u> | | | |

MANAGEMENT INFORMATION

| | | | |
|---|-----------------------------|------------------------------|--------------|
| <input checked="" type="checkbox"/> Regulatory Contact: | | | |
| <input checked="" type="checkbox"/> Management Contact: <u> Jo Smith </u> <u> Director, Regulatory Services </u> | | | |
| (Name) (Title) | | | |
| <u>P.O. Box 711, Mailstop HQE910</u> | <u>Tucson</u> | <u>Arizona</u> | <u>85702</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>(520) 884-3650</u> | <u>(520) 884-3601</u> | <u>N/A</u> | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address: <u> JoSmith@uns.com </u> | | | |
| On Site Manager: <u> Bill DeJulio </u> | | | |
| (Name) | | | |
| <u>2498 Airway Avenue</u> | <u>Kingman</u> | <u>Arizona</u> | <u>86402</u> |
| (Street) | (City) | (State) | (Zip) |
| <u>(928) 681-8902</u> | <u>(928) 681-8915</u> | <u>N/A</u> | |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Include Area Code) | |
| Email Address: <u> bdejulio@uesaz.com </u> | | | |

Statutory Agent: Diana K. Durako
(Name)

P.O. Box 711, Mailstop HQE910 Tucson Arizona 85702
(Street) (City) (State) (Zip)

(520) 884-3652 (520) 884-3601 N/A
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: Todd C. Hixon
(Name)

P.O. Box 711, Mailstop HQE910 Tucson Arizona 85702
(Street) (City) (State) (Zip)

(520) 884-3667 (520) 884-3601 N/A
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address: THixon@tep.com

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input checked="" type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input checked="" type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

SERVICES AUTHORIZED TO PROVIDE

Check the following box/es for the services that you are authorized to provide:

- Electric**
- Investor Owned Electric
 - Rural Electric Cooperative
 - Utility Distribution Company
 - Electric Service Provider
 - Transmission Service Provider
 - Meter Service Provider
 - Meter Reading Service Provider
 - Billing and Collection
 - Ancillary Services
 - Generation Provider
 - Aggregator/Broker

Other (Specify) _____

STATISTICAL INFORMATION

| | | |
|------------------------------------|---------------|-----|
| Total number of customers | 92,190 | |
| Residential | 81,111 | |
| Commercial | 10,497 | |
| Industrial | 22 | |
| Public Street and Highway lighting | 531 | |
| Irrigation | - | |
| Resale | 29 | |
| Total kilowatt-hours sold | 2,502,755,401 | kWh |
| Residential | 835,783,925 | |
| Commercial | 614,169,444 | |
| Industrial | 303,927,538 | |
| Public Street and Highway lighting | 1,660,494 | |
| Irrigation | - | |
| Resale | 747,214,000 | |
| Maximum Peak Load | 437 | MW |

COMPANY NAME: UNS Electric, Inc.

UTILITY SHUTOFFS / DISCONNECTS

| MONTH | Termination without Notice R14-2-211.B | Termination with Notice R14-2-211 | OTHER |
|-----------------|---|--------------------------------------|-------|
| JANUARY | 0 | 719 | 0 |
| FEBRUARY | 0 | 594 | 0 |
| MARCH | 0 | 593 | 0 |
| APRIL | 0 | 531 | 0 |
| MAY | 0 | 566 | 0 |
| JUNE | 0 | 483 | 0 |
| JULY | 0 | 473 | 0 |
| AUGUST | 0 | 615 | 0 |
| SEPTEMBER | 0 | 521 | 0 |
| OCTOBER | 0 | 646 | 0 |
| NOVEMBER | 0 | 470 | 0 |
| DECEMBER | 0 | 365 | 0 |
| TOTALS → | 0 | 6,576 | 0 |

OTHER (description):

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

RECEIVED
APR 15 2013

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

| | |
|--|------------------------|
| COUNTY OF (COUNTY NAME) Pima | ACC UTILITIES DIRECTOR |
| NAME (OWNER OR OFFICIAL) TITLE Karen G. Kissinger, Vice President & Controller | |
| COMPANY NAME UNS Electric, Inc. | |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| MONTH | DAY | YEAR |
|-------|-----|------|
| 12 | 31 | 2012 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2012 WAS:

| |
|---|
| Arizona Intrastate Gross Operating Revenues Only (\$) |
| <u>\$ 188,825,588</u> |

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 14,611,379
IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

Karen G. Kissinger
SIGNATURE OF OWNER OR OFFICIAL
520-745-3122
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

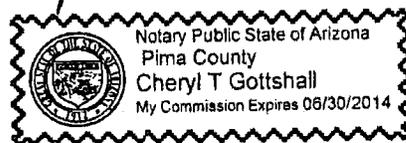
THIS 1st DAY OF

(SEAL)

| | |
|----------------------------|---------------------|
| COUNTY NAME <u>Pima</u> | |
| MONTH <u>April</u> | YEAR <u>2013</u> |

Cheryl T. Gottshall
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 06/30/2014



**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

RECEIVED
APR 15 2013
ACC UTILITIES DIRECTOR

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

| | |
|---|---|
| COUNTY OF (COUNTY NAME) Pima | |
| NAME (OWNER OR OFFICIAL) Karen G. Kissinger | TITLE Vice President & Controller |
| COMPANY NAME UNS Electric, Inc. | |

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FOR THE YEAR ENDING

| | | |
|-------|-----|------|
| MONTH | DAY | YEAR |
| 12 | 31 | 2012 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2012 WAS:

| |
|---|
| ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ 87,411,267 |
|---|

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 6,763,909
IN SALES TAXES BILLED, OR COLLECTED

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.

Karen G. Kissinger
SIGNATURE OF OWNER OR OFFICIAL

520 - 745 - 3122
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS 1st DAY OF
(SEAL)

MY COMMISSION EXPIRES

06/30/2014

| | |
|--|---------------------|
| NOTARY PUBLIC NAME <i>Cheryl T. Gottshall</i> | |
| COUNTY NAME <i>Pima</i> | |
| MONTH <i>April</i> | YEAR <i>2013</i> |

Cheryl T. Gottshall
SIGNATURE OF NOTARY PUBLIC
Notary Public State of Arizona
Pima County
Cheryl T Gottshall
My Commission Expires 06/30/2014

FINANCIAL INFORMATION

Attach to this annual report a copy of the Company year-end (Calendar Year 2012) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**