AT&T Long Distance East

Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; include any Commission approved d/b/a or fictitious name, if applicable.)

TELECOMMUNICATIONS COMPANY OR IVOIP PROVIDER ANNUAL REPORT TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, 2013

	•	· ——	
	elect how the company is cer e Company Name as shown a		
	Incumbent Local Telecommunicat	ions Company (not com	petitively classified ILEC)
	Incumbent Local Exchange Teleco	ommunications Compan	y (competitively classified ILEC)
	Competitive Local Exchange Tele	communications Compa	any (CLEC)
\checkmark	Interexchange Telecommunication	ns Company (IXC)	
	Local Non-switched Telecommuni	cations Provider (classif	ied in EFIS as IXC)
	Interconnected Voice over Interne	t Protocol Service Provid	der (IVoIP)
	ipate the annual reports to be The various annual reports filed in	identical; however EFIS are identical.	gistration. In such situations, please verify the following:
	The various annual reports filed in Not applicable (Company only has on was filed in EFIS.)		therefore only one annual report
Please cl	hoose <u>one</u> of the following fili	ng options to indica	ate the security level of the filing:
$\overline{\mathbf{A}}$	Public submission (NOT Propri	etary or Highly Confide	ntial)
	Non-Public submission (Highly (See instructions for special requirement		tary)
	riew the instructions document before Annual Report Telco and IVoIP	ore proceeding by using	g the link below:
Adobe Rev. 12	2/12/2013		English to Miles and the second
Adductive 1/64. 12	JI LU LU I U	Form Page 1	For use when filing under seal.

	Armed Report of Area Eorig Distance East	
	for the calendar year of	January 1 - December 31,
1.	State in full the company's information below:	
	310 Orange Street	312-5519144
	Company Street Address	Telephone Number
	Company Check Address	receptione Humber
	Company Mailing Address (if different from street address)	Fax Number
	New Haven CT 06510	ww3587@att.om
	City State Zip	E-Mail Address
2.	This company is currently a (check appropriate box):	
	Corporation Sole Proprietorship	
	Partnership LLC Other - Expla	in
	L	
3.	Annual Report Contact Information:	
	List the contact information of the person completing the form, whe	ther an employee or a third-party preparer.
	This may differ from the address in Item No. 1.	and the same of th
	Donna M. Daniele	209-551-2571
	Name	Telephone Number
	2600 Camino Ramon, Room 1	209-551-2571
	Street Address	Fax Number
		dg1612att.com
	Mailing Address	E-mail Address
	San Ramon CA 94583	
	City State Zip	
4.	Identify the principal or general officers of the company at the	
	sheet, if enough space is not provided on this page, to completely p	rovide the requested information.
	Title of General Officer	Name of Person Holding Office
	President	John Emra
	Assistant Vice President - Accounting	James Dionne
	Vice President General Counsel and Secretary	Joe Tocco
	Treasurer	George Goeke
5.	Please provide a list of all mergers, consolidations, and reorga certificated company and completed during the last year. Do no personnel issues.	

for	the calendar v	vear of Januar	v 1 - December 31.	2013

6. Please provide the following information concerning the company's revenues for this calendar year:

Row	Revenues	MO Jurisdictional (Column A)	Total Company ¹ (Column B)
I. RE	TAIL	* 1000000000000000000000000000000000000	•
1.	Local Service Revenues include tariffed revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related services, etc. and for IVoIP service.	\$0.00	\$0.00
	Interexchange Revenues include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.		
3.	Non-Switched Telecommunications Service Revenues include revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).		
4.	Bundled or Packaged Revenues include any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column.		
	Retail Uncollectible Revenues from telecommunications revenues. (This amount is generally a negative number.)		
6.	RETAIL TOTAL (This amount should equal the total of Rows 1 - 5 above and should also match your Missouri Universal Service Fund Net Jurisdictional Revenue Report amount.)	\$0.00	\$0.00
II. OT	THER		
	Wholesale Revenues include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.		
	Miscellaneous Revenues ² associated with non-retail services, such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (NOTE FOR ILEC ONLY: refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)		
	Other Uncollectible Revenues from other revenues. (This amount is generally a negative number.)		
	High-Cost Federal USF Revenues include all revenues received as support from the Universal Service Fund for the High-Cost program.	N/A	N/A
12.	Other Federal USF Revenues include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health. State USF Revenues include all revenues received as support from the	N/A	N/A
13.	Universal Service Fund. TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the Statement of Revenue.	\$0.00	\$0.00

[&]quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

[&]quot;Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

Exist total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as illisted at the top of this page.

Do not include revenues for any company NOT listed at the top of the page.

If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

7. Line Quantities for Local Voice Service & IVoIP Service¹

			Re		Wholesale to Non-Registered Nomadic IVoIP				
Exchange ²	**	Residential	**	**	Business	**	**	Providers ³	**

			J is						
									16

	195								
			1072 (108)						

								A CONTRACTOR OF THE CONTRACTOR	
Totals:									

¹ See instructions for additional clarification about filling out this page.

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1				

² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

³ Wholesale to Non-registered Nomadic IVoIP Providers refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)

Annual Report of	AT&T Long Distance East							
	for the calendar year of January 1 - December 31, 2013							

Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below. (The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert \$0 in the total row for each of the three columns.)

Month	Relay Missouri Revenue Collected (collected or received, according to your record- keeping methods)				Relay Missouri Retention Amount (of the amount collected)			Relay Missouri Revenue Remitted to Commission (of the amount collected)		
	**		**	**		**	**	**		
January										
February										
March										
April						Kal				
May										
June		CONTRACTOR OF THE CONTRACTOR O								
July										
August			10 (CE)							
September										
October							TA S	16		
November										
December								46		
Total										

Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in December.
f your firm did not impose the Relay Missouri Surcharge, please explain:

¹ Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

VERIFICATION

Receiver of the c	port must be verified company. The cath reduced by the laws of the	equired may b	e taken before an	y person authoriz	eral Manager or ed to administer
		0	ATH		
State Of		lew Jersey		}	
County Of		Somerset		} ss:	
		mes F. Dion (Company Office	ne cial/Representative)	makes oa	ath and says that
s/he is		Assistant Vi	ce President - A	ccounting	
	Offici	al Title of the Af	fiant (Company Offic	ial/Representative)	
of		SN	ET America, Inc		
	Exact Legal 1		the Respondent (Ce		Name)
and is located at	Address and Te	1 AT&T Wa	y, Bedminster, Nor of the Affiant (Com	NJ 07921 pany Official/Repres	sentative)
belief, all statemen statement of the b updated as applica-	camined the foregoin this of fact contained usiness and affairs able) the company's nation, and belief, all	in the said re of the above-r contact inforn	port are true and the named respondent, nation in EFIS; to t	ne said report is a and 2) examined	correct (and
from	January 1	2013	, to and including	December 31	, 2013
	Month/Day	Year	97h	Month/Day	Year
		Signa	ture of Affiant (Comp	any Official/Represe	entative)
Subscrib	ed and sworn to bet	ore me, a Not	ary Public, in and f	or the State and C	County above named,
this	31	day of	March	105	-4
My Comm	nission expires		lat		
			Signature of	Notary Public	NIII I I I I I I I I I I I I I I I I I
Missouri Revised	Statutes § 392.210	or §393.140		PAULA P	HILLIPS

When filing this form electronically, electronic signatures are acceptable. See the Called and the control of t

STATE OF NEW JERSEY

MY COMMISSION EXPIRES JANUARY 8, 2015