

Bervice Commission

ITC^DeltaCom Communications, Inc d/b/a DeltaCom Business Soluntions, Inc.

Full Company Name (Do not abbreviate, yet include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

COMPETITIVE LOCAL EXCHANGE CARRIER

and / or

INTEREXCHANGE TELECOMMUNICATIONS CARRIER

ANNUAL REPORT

TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For The Year Ending December 31, 2005

CLEC-IXC

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	Annual Report of	ITC^DeltaCom Com	munications, Inc d/b/a l	DeltaCom Business Soluntions, Inc.
		· · · · · · · · · · · · · · · · · · ·	for th	e year ending December 31, 2005
1.		•		
	State in full the exact 'ce		-	change Carrier (CLEC)
	and/or Interexchange Tel			
	(Do not abbreviate; yet it	clude any Commissio	n approved AKA/DBA	/Fictitious Name, if applicable.)
		1		
	ITC^DeltaCom	1 Communications,	Inc. d/b/a DeltaCom	Business Solutions, Inc.
2.	State in full the compa	ny's street address, m	ailing address, teleph	one number, fax number, and
	e-mail address*:			
	Street Address: 7037 C	Old Madison Pike, Su	uite 400 Huntsville, A	LL 35806
	Mailing Address: 703			
	Telephone # 256-382-		Fax # 256-382-3	
	Email Address: N/A			
_	To the cost lite cost of fine to	d as a Cause stitue I		
3.	(contained in Commiss	•	-	r? If yes, state effective date
	•	••••	•	nerger/name change if name on
	tariff effected):	lated case number (0		hergen/hame change it hame on
	tanni chected).			
	Date (e.g. 00/00/0000):		Case No:	
4	Is the utility certificate	d as a Interexchange	Telecommunications	Carrier? If yes, state effective
	-			by the MO Public Service
	-		.	nerger/name change if name on
	tariff effected):	iateu case intilitoei (o.		hergen name enange it name on
	Date (e.g. 00/00/0000):	01/31/07	Core No.	TO-08 320
	Date (e.g. 00/00/0000)	01/51/57	Case NO.	10-96-929
5.	Was the company certi	ficated in Missouri u	nder any other name(s)? If yes, please provide all
	names and time period	s involved since the o	original certification:	
	NO			
			······································	·····
6	This Competitive Loos	I Exchange/Interevel	hanga Talagammunia	ations Carrier is a (Check box
0.	-	-	-	.g. parent corporation name) or if
	'Other' is identified, e		name insted above (e	.g. parent corporation hame) of h
	omer is identified, e	Apiani.		
X	Corporation			
	Partnership			
	Sole Proprietorship	΄,	Othe	er - Explain
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7.	State in full the name,	street address, teleph	one number, and e-m	ail address* of the individual
	completing/verifying t	_		
	Shannon Wagner			
	7037 Old Madison Pik	e, Suite 400 Huntsvi	ille, AL 35806	
	Telephone # 256-382-	-3951		
	shannon.wagner@delta	com.com		

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(*) Required if available. State n/a (not available) if no e-mail address is available.

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for the year ending December 31, 2005

8. Under the laws of what state is the Competitive Local Exchange/Interexchange Telecommunications Carrier organized:

Alabama

9. Whether a corporation or not, give the particulars called for below concerning the principal or general officers of the Competitive Local Exchange/Interexchange Telecommunications Carrier at the end of the year:

Date Office

Assumed	Title of General Officer	Name of Person Holding Office
	CEO	Randal Curran
	CFO	Richard Fish
	Treasurer	John Colgan
	Secretary	Thomas Mullis
	Senior Vice President	Sara Plunkett
	·	

10. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

NONE

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for the year ending December 31, 2005

11. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Jurisdictional) Revenues for this Calendar Year:

2005

Total Company MO Jurisdictional		
\$319,638,238	\$34,541	
\$319,638,238	\$34,541	
	\$319,638,238	

MO Jurisdictional should match Statement of Revenue

(MoPSC Assessment)

* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

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for the year ending December 31, 2005

12. Local Exchange Carriers Federal/State Low-Income/Disabled Universal Service Fund Subscribers

Background and Purpose To ascertain on a monthly basis the number of subscribers being provided federal and/or Missouri low-income/disabled support as being reported to USAC (federal support, Form 497) and the fund administrator of the Missouri programs (Missouri support).

	Number of	Number of
Month	Missouri Low Income subscribers	Missouri Disabled subscribers
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL:	0	0

Calendar Year 2005

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for year ending December 31<u>2005</u>

Competitive Local Exchange Carrier RESIDENTIAIRETAIL ACCESS LINE REPORT

Note: This page is for <u>retail sales only</u>. Do not report the number of lines you are providing on a wholesale basis.

Exchange (Use name in the tariff)	Full Facilities Lines	Partial Facilities Lines	Other Resale Lines	Pure Resale Lines
N/A - no local service provider				
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TOTALS:	0	0	0	0

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for year ending December 31,

Competitive Local Exchange Carrier BUSINESS RETAIL ACCESS LINE REPORT

Note: This page is for <u>retail sales only</u> Do not report the number of lines you are providing on a wholesale basis.

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Exchange (Use name in the tariff)	Full Facilities Lines	Partial Facilities Lines	Other Resale Lines	Pure Resale Lines	Data/ISP-Only Lines
N/A - no local service provider	· · · · · · · · · · · · · · · · · · ·	ـــــ ــــ			
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	1				
TOTALS:	0	0	0	0	0

Submitting this Annual Report is an "option" through EFIS.

A registered official company representative is authorized to utilize this option, type in all necessary information below, including the Notary's information (pursuant to Sections 432.200 and 432.295). After submitting the Annual Report through EFIS, you will receive a BMAR (confirmation) number. Indicate that BMAR number on the original and retain for your records.

		for the ye	ar ending December	31, <u>2005</u>
•	VE	RIFICATION		
	i may be taken before any	of the President, Treasurer y person authorized to adm		
	t :	OATH		
ate Of		Alabama		
ounty Of	· · · · · · · · · · · · · · · · · · ·	$Madison$ } ss:		
	Sara Plunkett (Insert her	e the name of the affiant)	makes oath ar	nd says that
ne is	· ·	Senior VP Finance		
at s/he has examined the atements of fact contained fairs of the above-named	(Insert here the exact e foregoing report; that to d in the said report are tr respondent.	ns, Inc. d/b/a DeltaCom E legal title or name of the res o the best of his or her k ue and the said report is a , to and including	pondent) mowledge, information a correct statement of t	1, and belief, all
	,	, to the mondality		,
Janury 1		() Mar Ju (Signatur	under of affiant)	_
Subscribed and swor State and county above	17	Notary Public Gignatur Notary Public GM day of	·	in and for the

Original in its entirety must be mailed (if not utilizing EFIS) to: Manager of the Data Center MoPSC, 200 Madison Street, Suite 100 Jefferson City, MO 65101 (P.O. Box 360, 65102-0360)