

1616 Directors Row

Fort Wayne, IN 46818

March 17, 2021

Missouri Public Service Commission Attn: Data Center P.O. Box 360 Jefferson City, MO 65102-0360

Re: Tracking No. BMAR-2021-0548

Communications Venture Corporation d/b/a INdigital "INdigital" hereby submits its Supplemental iVoIP Annual Report as referenced above.

For any questions regarding this filing, feel free to contact me at ccole@indigital.net or at 740-262-0306.

Sincerely,

/s/ Cassandra Cole

Cassandra Cole

Manager

Regulatory & Public Affairs

enclosure

Company Name
(Provide the full name of the company as certificated or registered with the Missouri Public
Service Commission, including any Commission approved d/b/a, if applicable. Please do not abbreviate.)

TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER **ANNUAL REPORT** TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, 2020

This filing is	required pursuant t	o Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please sel		pany is certificated and/or registered with the Commission (check
	Incumbent Local Tel	ecommunications Company (ILEC)
V	Competitive Local E	xchange Telecommunications Company (CLEC)
~	Interexchange or Lo	cal Non-Switched Telecommunications Company (IXC)
V	Interconnected Voic	e over Internet Protocol Service Provider (IVoIP)
the Comm	nission's Electror	or registration is held by the company you must file an annual report ic Filing and Information System (EFIS) for each certificate or ions, we anticipate the annual reports to be identical; however please
~	The various annual	reports filed in EFIS are identical.
	The various annual	reports filed in EFIS are different.
	Not applicable (Comwas filed in EFIS.)	pany only has one certificate or registration; therefore only one annual report
Please ch	oose <u>one</u> of the t	ollowing filing options to indicate the security level of the filing:
~	Public submissio	n (NOT Confidential)
		ission (Confidential) (See instructions for special requirements.) sidered Confidential, additional submission of materials is required, pursuant to Commission 35.
		PUBLIC
Excel Issue Da	ate: 11/08/2019	For use when filing under seal.

in

Form Page 1

Annual Report of		ommunicat	ions Venture Corporation d/b/a INdigital
	for the ca	lendar year o	f January 1 - December 31,2020 .
State in full the company's in	formation hel	ow.	
1616 Directors Row	ionnation bei		(260) 469-2010
Company Stree	at Addraga		Telephone Number
Company Street	A Address		releptione Number
Company Mailing Address (if di	ferent from stre	et address)	
Fort Wayne	IN	46808	
City	State		
City	State	Zip	
The company's contact information	tion in EFIS ha	s been review	red (and updated as applicable).
	_	S DOON TOVICH	eu lana apaatea as apphoasie).
✓ Yes	☐ No		
Annual Report Contact Informat	ian's		
			ball and a second because of the first transfer of the second of the sec
from the address in Item No. 1.	person completi	ng the form, w	hether an employee or a third-party preparer. This may o
Cassandra Cole			
Nam	e		•
1616 Directors Row			
Street Ad	dress		•
Mailing Ad	droce		•
		46808	
Fort Wayne	IN	46808	· •
Fort Wayne City		46808 Zip	- -
Fort Wayne City (740) 262-0306	IN State		- - - -
Fort Wayne City	IN State		
Fort Wayne City (740) 262-0306 Telephone	IN State Number		-
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r	IN State Number		
Fort Wayne City (740) 262-0306 Telephone	IN State Number		
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r	IN State Number		
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r	IN State Number		
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r	IN State Number net	Zip	
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r Email Ad	IN State Number net	Zip	
Fort Wayne City (740) 262-0306 Telephone CCOle@indigital.r Email Ad Identify the company's top thre Title	IN State Number net	Zip	Name
Fort Wayne City (740) 262-0306 Telephone ccole@indigital.r Email Ad	IN State Number net	Zip	

Annual Report of

for the calendar year of January 1 - December 31, 2020

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	MO Intrastate	**	Total Company (Column B) *1
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)	\$ 0.00		\$ 0.00
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).	\$ 0.00		\$ 0.00
3.	Non-Switched Services (Dedicated non-switched private line services typically used by business customers. Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).	\$ 0.00		\$ 0.00
4.	Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.)	\$ 0.00		\$ 0.00
5.	Retail Uncollectibles. (Amount is typically a negative number.)	\$ 0.00		\$ 0.00
6.	RETAIL END-USER TOTAL (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)	\$0.00		\$0.00
	WHOLESALE GARRIER'S CARRIER AND UNIVERSAL SERVICE FUND	REVENUES		
7.	Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider. This row typically includes revenue associated with switched access service, special access service, billing and collection service. NECA settlements, if any, should be reported solely in Column B.	\$ 0.00		\$ 0.00
8.	Miscellaneous Carrier's Carrier Revenue (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).	\$ 0.00		\$ 0.00
9.	Wholesale Uncollectibles. (Amount is typically a negative number.)	\$ 0.00		\$ 0.00
10.	Federal USF Revenue (List federal USF revenue in Column B; however, any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions should be reported in Column A.)	\$ 0.00		\$ 0.00
11	State USF Revenue	\$ 0.00		\$ 0.00
12	TOTAL REVENUES (Row 6+7+8+9+10+11) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.	\$0.00	CT NO.	\$0.00

Revenue reporting clarifications:

Total Company Revenue (Column B) = Missouri Intrastate revenue in Column A + Interstate revenues + International revenues.

IVoIP revenue; If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor percentage.

Retail non-switched private line service revenue: All of a customer's non-switched private line service revenue can be reported in Column B if 10% of more of the customer's private line network traffic is considered interstate traffic.

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Form Page 3

6. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

		L.	ine Q	uanti	ties	
Exchange	**	Residential	**	**	Business	**
n/a		0			0	
			1 0		-	94
			2			
	9.3	-				
1						
						1000
			45			
					1.3	70.00
			*			
			1000			44104
	72					
				12.7		100
					:	
	3070 A					V.
						S VID. 5
						100
	200 A		2,00			
	71/2					
Totals:		0			0	300

About reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in 386.020(4) and (23).
- 2. Lines include analog and digital. For DS-1 or higher band-width facilities a voice grade equivalency must be used. For channelized service report the number of channels subscribed to by the customer. For non-channelized facilities, filers are instructed to use a good-faith esitmate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)
- 4. Per 392.550(7)(c) IVoIP line quantities must be filed on a confidential basis. See instructions for how to file annual report information on a confidential basis.

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Communications	Venture	Corporation	d/b/a	INdigital
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Annual Report of

for the calendar year of January 1 - December 31, 2020

Relay Missouri Assessment¹

Annual Totals

7 .	Revenue Collected From Relay Missouri Surcharge		\$ 0.00
	Amount Retained for Billing and Collecting the Surcharge		\$ 0.00
	Relay Missouri Revenue Remitted to Relay Missouri Fund		 \$ 0.00

	0.00					
		1				
€.	If your firm did not im	pose the Rel	ay Missouri Surcha	rge, please explain:	· · · · · · · · · · · · · · · · · · ·	
	Company does no	ot provide b	asic telecommu	ınications services in	Missouri.	

PUBLIC

For use when filing under seal.

¹ ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

My.

for the calendar year of January 1 - December 31, 2020

VERIFICATION

The foregoing report must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the company. The Oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

Jeffrey Humbarger			0/	ATH		
Jeffrey Humbarger	State Of	Indiana				
Jeffrey Humbarger Name of Affiant (Company Official/Representative) Chief Financial Officer Official Title of the Affiant (Company Official/Representative) Communications Venture Corporation d/b/a INdigital Exact Legal Title or Name of the Respondent (Certificated Company Name) and is located at 1616 Directors Row, Fort Wayne, IN 46808 Address and Telephone Number of the Affiant (Company Official/Representative) that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and beliall statements of fact contained in the said report are true and the said report is a correct statement of the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. From January 1 Year Month/Day Year Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you must use "far" before the name.) Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, this 16th day of March 2021					ss:	
Name of Affiant (Company Official/Representative) Chief Financial Officer Official Title of the Affiant (Company Official/Representative) Communications Venture Corporation d/b/a INdigital Exact Legal Title or Name of the Respondent (Certificated Company Name) and is located at 1616 Directors Row, Fort Wayne, IN 46808 Address and Telephone Number of the Affiant (Company Official/Representative) that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and belial statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. If more than the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. If more than the said report are true and the said report is a correct statement of the state and contacts are correct. If the said report is a correct statement of the said report is a correct	County Of	Allen			}	20
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Official Title of the Affiant (Company Official/Representative) Communications Venture Corporation d/b/a INdigital Exact Legal Title or Name of the Respondent (Certificated Company Name) and is located at 1616 Directors Row, Fort Wayne, IN 46808 Address and Telephone Number of the Affiant (Company Official/Representative) that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and belial statements of fact contained in the said report are true and the said report is a correct statement of the bousiness and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. From January 1, 2020, to and including December 31, 2020 Month/Day Year Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you must use "fe" before the name.) Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, day of March, 2021		Name of Affiant	(Company Offic	cial/Representative)		
Exact Legal Title or Name of the Respondent (Certificated Company Name) and Is located at 1616 Directors Row, Fort Wayne, IN 46808 Address and Telephone Number of the Affiant (Company Official/Representative) that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and beliant statements of fact contained in the said report are true and the said report is a correct statement of the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. From January 1, 2020, to and including December 31, 2020 Month/Day Year Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you must use "fe" before the name.) Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, day of March, 2021	s/he is				-	
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Address and Telephone Number of the Affiant (Company Official/Representative) that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and belicall statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct. From January 1, 2020, to and including December 31, 2020 Month/Day Year Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you must use "/s/" before the name.) Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, day of March, 2021		Exact Legal	Title or Name o	f the Respondent (Ce	ertificated Company I	Vame)
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Month/Day Year Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you must use "/s/" before the name.) Subscribed and sworn to before me, a Notary Public, in and for the State and County above named, day of March , 2021	all statements of f business and affa company's contact	act contained in the s irs of the above-name it information in EFIS	said report are t ed respondent,	rue and the said repo and 2) examined (and	ort is a correct state d updated as applic	ement of the able) the
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See the instructions for more information to complete this page.