

Indiana Utility Regulatory Commission 2011 Communications Survey

This survey form may be downloaded in
Excel format from the IURC's website:
<http://www.in.gov/iurc/2405.htm>

For questions contact:
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Part I. Company Information - ALL COMPANIES MUST COMPLETE

Operating Company Name (per CTA or Sec. of State's Office): _____
Indiana d/b/a or Alias: _____
Holding Company: _____
Did your Company Name and/or Indiana d/b/a change during 2010? _____
If yes, what was your previous Company Name and/or Indiana d/b/a? _____
Contact Person: _____ Title: _____
E-Mail Address: _____ Telephone: _____
Does your company have a CTA or CPCN from the IURC? (Yes or No) _____
What services does your company currently provide in Indiana? _____

If you are requesting confidential treatment for any portion of your response, please follow the instructions for submitting the survey located in the Commission's order in Cause No. 43998. (A copy is enclosed for your reference.)

If you are NOT requesting confidential treatment, you may submit your survey responses as:

1. An e-mail attachment sent to bdarlington@urc.in.gov;
2. A paper copy mailed to the IURC Communications Division; or
3. A "General Submission" (in Microsoft Excel or PDF formats only) through the Electronic Filing System (EFS) on the IURC's website (<https://myweb.in.gov/IURC/efs/>).

SURVEY RESPONSES ARE DUE ON OR BEFORE APRIL 1, 2011.

If you provided any of the services below, please check the appropriate box(es) and complete the appropriate Part(s) as indicated:

- Telecommunications Services in 2010 - COMPLETE PART II.**
Local exchange telecommunications service means the provision of telephone exchange service or exchange access service. For the purpose of this survey, the provision of local exchange services through facilities-based or resale are considered local exchange telecommunications services. See also 47 U.S.C. 153(26) and 47 U.S.C(46).

- Interconnected Voice over Internet Protocol Communications Services in 2010 - COMPLETE PART III.**
Interconnected VoIP (Voice over Internet Protocol) service means the ability of a customer to make and receive telephone calls to and from the public switched network, enabled by the use of the Internet Protocol (IP) between the customer's premise and the provider's network. VoIP includes services 1) provided over a third-party broadband connection (over the top) and 2) provided over a last mile loop facility supplied by the VoIP provider. For the purposes of this survey, VoIP service does not include the use of IP to route and transport calls only within a provider's network but not to the customer's premise.

- Video Services as defined in IC 8-1-34 in 2010 - COMPLETE PART IV.**
Video Services means:
 - 1) the transmission to subscribers of video programming and other programming service; and
 - A) through facilities located at least in part in a public right-of-way; and
 - B) without regard to the technology used to deliver the video programming or other programming service; and
 - 2) any subscriber interaction required for the selection or use of the video programming or other programming services.



Data Verification - ALL COMPANIES MUST COMPLETE PART I and PART V.

If you did not provide at least one of the services defined above for Parts II, III, and IV, please complete Part I and then proceed directly to Part V (Data Verification signature page).

Part II. Telecommunications Services

1. Please provide the following Information based on 2010 Year End "In-Service" Data.

General Instructions for Section 1:

Switched Access Lines: In addition to lines you own, please include UNE-P and resold lines you obtain from another provider and use to provide retail service to your own customers.)

Single Line Business Lines (Col. a): Please exclude company official, off-premises extensions, and special access circuits or lines.

Multi-Line Business Lines (Col. b): Please include PBX trunks, Centrex CU trunks, hotel/motel LD trunks, and Centrex CO lines.

Payphone Access Lines (Col. c): Please include the number of access lines provided to Independent Payphone Service Providers or your own company.

Residential Access Lines (Col. d): Please include Lifeline, Non-Lifeline, Primary, and Non-Primary Residential Access Lines.

RETAIL INTRASTATE SWITCHED ACCESS LINES IN SERVICE BY TYPE OF LINE				
Single-Line Business Lines (a)	Multi-Line Business Lines (b)	Payphone Access Lines (c)	Residential Access Lines (d)	Total [Sum of (a) - (d)] (e)
				0

2. Please provide the following Revenue Information for Indiana Intrastate operations, based on 2010 Year-End Data:

Is data Indiana specific--Yes or No?	
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Total Intrastate Operating Revenue	\$
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Intrastate Network Access Service Revenue	
End User (SLC) Revenue	
Switched Access Revenue	
Special Access Revenue	
Total Network Access Revenue	\$ -

3. If your company is an ETC and receives Federal Universal Service Support, please provide the following 2010 USF revenue received for your Indiana operations:

Federal Universal Service High Cost Support Revenue				Total Federal High-Cost Support [Sum of (a) - (d)] (e)	Total Federal Lifeline Support (f)
High-Cost Loop Support (a)	Local Switching Support (b)	IAS (c)	Common Line Support * (d)		
\$	\$	\$	\$	\$ -	\$

* Please include any Safety Net Additive or Safety Valve Support received in 2010 in this total.

Part III. Interconnected Voice over Internet Protocol Communications Service

1. Please provide the following Information based on 2010 Year End Data.

End User Subscriber Lines or Equivalent			
Single Line Business (a)	Multi-line Business (b)	Residential (c)	Total [SUM of (a) - (c)] (d)
			0

2. Is this data Indiana specific? (Yes or No)

Part IV. Video Services

Definitions for use in completing Part IV:

Analog Service refers to video service that uses National Television System Committee (NTSC) or NTSC-compatible signaling.

Digital Service refers to video service that uses Advance Television System Committee (ATSC) or ATSC-compatible signaling.

1. Based on End of Year 2010 Data, for each Zip Code (Column A) in Indiana where your company is providing video service, indicate below:

- (a) The type of franchise, either local or state-issued, held in the zip code (Column B).
- (b) The number of subscribers to basic analog service (Column C), other analog video services (Column D) and digital service (Column E).
- (c) Date on which your company began offering service in the Zip Code (Column F).
- (d) The last mile technology used to provide service and recent upgrades to this technology (Column G).
- (e) Lowest priced basic video service, including price (Column H), number of channels in package (Column I) and type of platform (Column J).

Provision of this data will facilitate the Commission's meeting its reporting obligations found in IC 8-1-2.6-4 and IC 8-1-1-2 Compiler's Notes.

A	B	C D E Number of Subscribers Purchasing			F	G	H I J Characteristics of Basic Video Service Offering		
ZIP Code	Type of Franchise (Local or State-issued)	Basic Analog Service	Other Analog video services or packages	Digital Service	Date of Initial Provision of Video Service Offering	Last Mile Technology Used and Date of Most Recent Upgrade	Price	Number of included channels	Digital or Analog Platform? (List one)

Use additional sheets if necessary.

2. Please list all channels that, during 2010, have been eliminated from your company's analog platform and moved to your company's digital platform:

3. Please list the local units in which your company holds an unexpired local franchise and the expiration date of that franchise agreement:

Use additional sheets if necessary.

Part V. Data Verification

Name of person validating the data in this document

Title of person validating the data in this document

I affirm under penalties for perjury that the foregoing representations are true to the best of my knowledge, information and belief. I affirm under penalties for perjury that I am authorized to provide information and sign on behalf of _____[insert company name], that my official duties include knowledge of and/or supervision over the data requested in this survey, and that the foregoing representations are true to the best of my knowledge, information, and belief.

Signature of person validating these responses

Date signed

Please return completed forms by **April 1, 2011 to:**

**IURC Communications Division
PNC Center
101 West Washington Street
Suite 1500 East
Indianapolis, IN 46204**

**Or Email to:
bdarlington@urc.in.gov**