



INTEREXCHANGE CARRIER

ALTERNATIVE OPERATOR SERVICE PROVIDER

OTHER:

COMPETITIVE ACCESS

COMPETITIVE LOCAL EXCHANGE CARRIER

Certification Number: 90-9380

PUCOID Number: 323651

**Annual Report for the Year ending December 31, 2013  
of  
MCC Telephony of the Midwest, LLC**

Address:

1 Mediacom Way  
Mediacom Park, NY 10918-4810

Website URL:

N/A

Filed by:

**Anna Sokolin-Maimon  
(845) 443-2610**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2013 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

## STATEMENT OF INTRASTATE-GROSS EARNINGS

Amount		
Line No.	Item	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for other, rent revenue- nonoperating, return on regulated investment used to provide nonregulated productions and service, etc.)	\$82,798
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property - Operating and Nonoperating, Other Operating or Nonoperating Gains ( foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounting for on equity method, income from sinking and other funds, etc.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$82,798
4	Earning or receipts from sales to other public utilities for resale	\$0
5	<b>Total (3) + (4)</b>	\$82,798

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Docketing Contact Information**

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amaimon@mediacomcc.com

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Email  
Anna Sokolin-Maimon VP, Regulatory Affairs

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Name Title

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One Mediacom Way Mediacom Park, NY 10918

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Address  
(845) 443-2610

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Phone Number (including Area Code)

**Fiscal Contact Information**

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bdouglass@mediacomcc.com

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Email  
Brian Douglass Senior Tax Manager

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Name Title

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One Mediacom Way Mediacom Park, NY 10918

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Address  
(845) 443-2690

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Phone Number (including Area Code)



**Public Utilities  
Commission**

**Affidavit for the Filing of the  
Annual Report of a Regulated  
Entity**

**REQUIRED VERIFICATION:**

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: New York  
County of: Orange

Affiant's Name: Anna Sokolin-Maimon  
Affiant's Title: VP, Regulatory Affairs  
Reporting Entity: MCC Telephony of the Midwest, LLC

**OATH:**

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: \_\_\_\_\_  
Filer's Title: \_\_\_\_\_  
Filer's Company: \_\_\_\_\_

(Signature of Affiant)

Sworn and subscribed before me this 10<sup>th</sup> day of April, 2014.

Signature of Notary  
Print name of Notary: Jenna M. Guarino  
My commission expires on: 03/28/2015

**Jenna M. Guarino**  
**Notary Public in State of New York**  
**Qualified in Orange County**  
**Reg. No. 02GU6237733**  
**My Commission Expires: 3/28/2015**

**DECLARATION OF FILER:**

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

\_\_\_\_\_  
(Signature of Filer)





