

Competitive Local Exchange Company Regulatory Assessment Fee Return

Rec

ORIGINAL

030660
030804

TOTAL OF TX \$ 235.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX638-03-0-R
MYCOM INS AGENCY CORP
824 N.W. 183rd Street
Miami, FL 33169-4252

FOR PSC USE ONLY	
Check#	
\$ 50.00	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	11-13-03
Initials of Preparer	RT

PERIOD COVERED:

01/01/2003 TO 12/31/2003

MYCOMP INSURANCE AGENCY CORP
824 N.W. 183rd Street
Miami, FL 33169
Phone: (305) 770-9340/Fax: (305) 770-9390

DEPOSIT DATE
397 NOV 18 2003
Box No. 030660-TX

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	
13.	TOTAL AMOUNT DUE		\$ 50

- AUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- SEG
- OTH

* These amounts must be intrastate only and must be verifiable.
** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)
Marcos E. Rodriguez (Preparer of Form - Please Print Name) Telephone Number 305-770-9340 Fax Number 305-770-9390

11523 NOV 17 8
FPSC-COMMISSION CLERK

Competitive Local Exchange Company Regulatory Assessment Fee Return

Total of CR 235.00

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TX638-02-0-R
 MYCOM INS AGENCY CORP. DEPOSIT DATE
 824 N.W. 183rd Street
 Miami, FL 33169-4252
 397 NOV 18 2003

FOR PSC USE ONLY

Check# 3716

\$ 50.00 0603006
 003001

\$ 12.50 P 0603006
 004011

\$ 5.00 I

Postmark Date 11-13-03

Initials of Preparer RT

PERIOD COVERED:
 03/15/2002 TO 12/31/2002

MYCOMP INSURANCE AGENCY CORP.
 824 N.W. 183rd Street
 Miami, FL 33169
 Phone: (305) 770-9340/Fax: (305) 770-9390

Docket No. 030660-TX

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		<u>50.-</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.-</u>	
13.	TOTAL AMOUNT DUE		\$ <u>67.50</u>

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- () Facilities-Based Provider
- () Reseller
- () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Al Cordero (Signature of Company Official) President (Title) 11/12/03 (Date)
Marcos T. Rodriguez (Preparer of Form - Please Print Name)
 Telephone Number (305) 770-9340 Fax Number 305 770-9390
 F.E.I. No. _____

Interexchar Company Regulatory Assessment Fee Return

TOTAL OF CK 235.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ626-02-0-R
 MYCOMP INS AGENCY CORP
 824 N.W. 183rd Street
 Miami, FL 33169-4252
 NOV 18 2003
 DEPOSIT DATE
 Docket No. 030804-T1

FOR PSC USE ONLY
 Check# 3716
 \$ 50.00 0603001
 \$ 12.50 P 003001
 0603001
 004011
 \$ 5.00 1
 Postmark Date 11-13-03
 Initials of Preparer RT

PERIOD COVERED:
 03/18/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Mycomp Ins Agency Corp (Name of Company) 824 NW 183 St. (Address) Miami, FL (City/State) 33169 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	0	0
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		19.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		5.00
12.	TOTAL AMOUNT DUE		\$ 67.50

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.
 (Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? Amount: \$ for 19
 What is the total amount of bond held (if applicable)? Amount: \$ Expires:

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
 If YES, who do you lease these facilities from? Name:
 Address:

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)
 N/Ancos I. Rodriguez (Preparer of Form - Please Print Name) Telephone Number (805) 770-9340 Fax Number (805) 770-9390

Interexchange Company Regulatory Assessment Fee Return

TOTAL OF CHECK \$235.00

STATUS:

Florida Public Service Commission
(See Filing Instructions on Back of Form)

FOR PSC USE ONLY
Check# 3716
\$ 50.00 0603001
003001
\$ _____ P
0603001
004011
\$ _____ I
Postmark Date 11-13-03
Initials of Preparer RT

- Actual Return
- Estimated Return
- Amended Return

TJ626-03-0-R
MYCOMP INS AGENCY CORP.
824 N.W. 183rd Street
Miami, FL 33169-4252
DEPOSIT DATE
397 NOV 18 2003
Docket No. 030804-T1

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

MYCOMP INSURANCE AGENCY CORP.
824 N.W. 183rd Street
Miami, FL 33169
Phone: (305) 770-9390

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>50</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>50</u>

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AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

What is the total amount of customer deposits collected?
Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

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Al Waddy
(Signature of Company Official)

President (Title) 11/12/03 (Date)

Marcos T. Rodriguez
(Preparer of Form - Please Print Name)

Telephone Number (305) 770-9390 Fax Number (305) 770-9390

Interexchange Company Regulatory Assessment Fee Return

TOTAL OF CHECK # 235.00

STATUS:

Florida Public Service Commission
(See Filing Instructions on Back of Form)

FOR PSC USE ONLY
Check# 3716
\$ 50.00 0603001
003001
\$ _____ P 0603001
004011
\$ _____ I
Postmark Date 11-13-03
Initials of Preparer RT

- Actual Return
- Estimated Return
- Amended Return

TJ626-03-0-R
MYCOMP INS AGENCY CORP. DEPOSIT DATE
824 N.W. 183rd Street
Miami, FL 33169-4252 NOV 18 2003
Docket No. 030804-T1

PERIOD COVERED:
01/01/2003 TO 12/31/2003

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MYCOMP INSURANCE AGENCY CORP.
824 N.W. 183rd Street
Miami, FL 33169
Phone: (305) 770-9390

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>50</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>50</u>

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AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
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What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

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Al Waddy (Signature of Company Official) President (Title) 11/12/03 (Date)
Marcos T. Rodriguez (Preparer of Form - Please Print Name) Telephone Number (305) 770-9390 Fax Number (305) 770-9390