

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
JCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI382
 CoreComm Newco, Inc.
 70 West Hubbard, Suite 410
 Chicago, IL 60610
 Deposit Date
 D 204 April 16, 2002

020000-PU

FOR PSC USE ONLY
 Check# 70195
 \$ 50.00 0603001
 \$ 7.50 003001
 \$ 1.50 P 0603001
 I 004011
 Postmark Date 4/12/02
 Initials of Preparer MC

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

See above (Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>1,923</u>	\$ <u>291</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ <u>1,923</u>	\$ <u>291</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		<u>291</u>
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)	<u>7.50</u>	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1.50</u>	
12.	TOTAL AMOUNT DUE		\$ <u>59</u>

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: \$ 0 for 12/2001
 What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES (X) 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] (Signature of Company Official) Regulatory Affairs Atty. (Title) 3/25/02 (Date)

(Preparer of Form) Please Print Name

Telephone Number (312) 445-1162 Fax Number (312) 445-1232

F.E.I. No. 13-3999233

DOCUMENT NUMBER - PAY
4189 APR 16 2002
PSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*Pizzler
ICCA*

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

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

TJ420
 CoreComm Florida, Inc.
 70 West Hubbard, Suite 410
 Chicago, IL 60610
*Deposit Date
 D204 April 6, 2002*

FOR PSC USE ONLY	
Check#	<u>70194</u>
\$ <u>50.00</u>	0603001
\$ <u>7.50</u>	003001
\$ <u>1.50</u>	0603001
	004011
Postmark Date	<u>4/12/02</u>
Initials of Preparer	<u>MK</u>

Please Complete Below If Official Mailing Address Has Changed

See above

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	0.00	0.00
3.	Private Line Services	0.00	0.00
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	TOTAL Telephone Services	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0.00)	(0.00)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50	
12.	TOTAL AMOUNT DUE		\$ 59.00

* 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: \$ 0 for 12/2001
 What is the total amount of bond held (if applicable)? Amount: \$ 0 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.

Scott Kellogg (Signature of Company Official) Regulatory Affairs Atty. (Title) 3/25/02 (Date)
Scott Kellogg (Preparer of Form - Please Print Name) Telephone Number (312) 445-1162 Fax Number (312) 445-1232
 F.E.I. No. 13-4025785

Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

*P. Isler
JCEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX411
 CoreComm Florida, Inc.
 70 West Hubbard, Suite 410
 Chicago, IL 60610

*Deposit Date
D204 April 16, 2002*

FOR PSC USE ONLY

Check# 70192
 \$ 50.00 0603006
 \$ 7.50 003001
 \$ 1.50 P 0603006
 I 004011
 Postmark Date 4/12/02
 Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

See above

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0.00	\$ 0.00
2.	Long Distance Services (IntraLATA only)**	0.00	0.00
3.	Access Services	0.00	0.00
4.	Private Line Services	0.00	0.00
5.	Leased Facilities & Circuits Services	0.00	0.00
6.	Miscellaneous Services	0.00	0.00
7.	TOTAL REVENUES		\$ 0.00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0.00
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		7.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		1.50
13.	TOTAL AMOUNT DUE		\$ 59.00

* 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.

Scott Kellogg
 (Signature of Company Official)

Regulatory Affairs Atty.
 (Title)

3/25/02
 (Date)

Scott Kellogg
 (Preparer of Form - Please Print Name)

Telephone Number (312) 445-1162 Fax Number (312) 445-1132

F.E.I. No. _____

13-4025785



DISTRIBUTION CENTER
02 APR 15 AM 10:03

April 11, 2002

Florida Public Service Commission
ATTN: Fiscal Services
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

**RE: CoreComm Florida, Inc. (TX411 and TJ420)
CoreComm Newco, Inc. (TI382)**

Dear Sir or Madam:

Enclosed are the Assessment Fee Returns for the above-referenced companies for calendar year 2001, and three checks payable to the Florida Public Service Commission ("Commission") each in the amount of \$59.00.

CoreComm Florida, Inc. ("CCFL") and CoreComm Newco, Inc. ("CCN") are both subsidiaries of CoreComm Limited. CCFL is filing both a ALEC and an IXC Assessment Fee Return. CCN is filing only an IXC Assessment Fee Return.

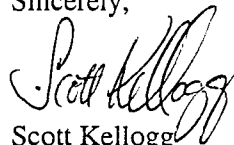
Please note, CCFL did not provide any services in the State of Florida, and CCN also ceased doing business during 2001. Neither company has provided services during calendar year 2002. Accordingly, under separate cover, the companies will be requesting that the Commission cancel their respective certificates of public convenience and necessity.

Please direct any correspondence concerning this matter to my attention at the following address:

70 West Hubbard, Suite 410
Chicago, Illinois 60610

If you have any questions concerning this matter, please contact me at 312/445-1162.

Sincerely,


Scott Kellogg
Regulatory Affairs

Enclosures

