



1241 OG Skinner Dr  
West Point, GA 31833

January 24, 2024

Mr. Cayce Hinton, Director  
Office of Industry Development and Market Analysis  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

Filed Electronically via Florida Public Service Commission website

RE: Annual Eligibility Re-Certification of Lifeline Subscribers FCC Form 555

Dear Mr. Hinton:

Knology of Florida Inc. hereby provides a copy of its Annual Lifeline Eligible Telecommunications Carrier Certification Form in compliance with 47 CFR 54.416 as adopted by the Federal Communication Commission (FCC) in its Lifeline Reform Order, FCC 12-11 released February 6, 2012.

Section 54.41 6(b) requires eligible telecommunication carriers (ETCs) to annually provide the results of their re-certification efforts performed pursuant to Section 54.410 (f) to the FCC and the Universal Service Administrative Company (USAC). ETC's are also required to provide the results of their re-certification efforts to state commissions and relevant tribal governments.

If you have any questions, please contact me at (706) 645-9771 or by email at [bobbyann.mccollough@wowinc.com](mailto:bobbyann.mccollough@wowinc.com).

Respectfully Submitted,

A handwritten signature in black ink that reads "Bobby Ann McCollough". The signature is written in a cursive, flowing style.

Bobby Ann McCollough  
Regulatory Comp Administrator  
WOW!Internet, cable & phone

Enclosures

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

219904		143017328
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2023	FL	Knology of Florida, Inc.
Recertification Year	State	ETC Name
		Wide Open West Finance LLC
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>		<i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name
220324	Valley Telephone Co., LLC
220371	Knology of the Valley, Inc.
250295	Knology Total Communications, Inc.

**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial YC

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial YC

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial \_\_\_\_\_

**ETCs Subject to the Non-Usage Requirements**

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
<b>Total Subscribers</b>	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

**Signature Block**

<p>By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.</p>	
<p>Signed,</p>	
<p>Yoly Coffman</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Signature of Officer</p> <p>yoly.coffman@wowinc.com</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Email Address of Officer</p> <p>Bobby Ann McCollough</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Person Completing This Certification Form</p>	<p>Yoly Coffman - Manager Regulatory Compliance</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Printed Name and Title of Officer</p> <p>01-24-2024</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Date</p> <p>7066459771</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Contact Phone Number</p>