

**Shawna Senko**

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**From:** McLaughlin, Leslie (CCI-Southeast) <Leslie.McLaughlin@cox.com>  
**Sent:** Tuesday, January 28, 2014 2:06 PM  
**To:** Filings@psc.state.fl.us  
**Cc:** Bob Casey; Corcoran, Martin (CCI-Atlanta); Bradbury, Jay M. (CCI-Atlanta)  
**Subject:** Cox Florida Telcom, L.P. (TA-027) Annual FCC Form 555 ETC Filing - Lifeline Program (Year 2013) - Docket 14000-OT  
**Attachments:** Cox TA027 Annual Form 555 Filing - Yr 2013.pdf

This electronic filing is made by Leslie McLaughlin on behalf of:

Martin J. Corcoran  
Director, Regulatory Affairs  
Cox Communications  
1400 Lake Hearn Drive  
Atlanta, GA 30319  
Telephone: (404) 269-5556  
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Docket No: Undocketed: 14000-OT

Submitted on Behalf of: Cox Florida Telcom, L.P., d/b/a Cox Communications,  
Cox Business, Cox

Number Pages: 7 pages

Description: FCC Form 555 Filing: Annual Lifeline Eligible Telecommunications Carrier  
Certification Form  
Year 2013, as filed January 27, 2014 with USAC and the FCC  
Due January 31, 2014

Please do not hesitate to contact us should any additional information be required to complete this filing. Thank you in advance.

Respectfully submitted,

COX FLORIDA TELCOM, L.P.

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January 28, 2014

Florida Public Service Commission  
Attn: Ms. Ann Cole  
Office of the Commission Clerk  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

**Via Electronic Filing**

Re: Cox Florida Telcom, L.P. ("Cox")  
CLEC No. TA027  
FCC Form 555: Year 2013 Annual Lifeline Eligible Telecommunications Carrier Certification Form

Dear Ms. Cole:

Cox submits herewith the attached Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for Year 2013, pursuant to FCC Rule §54.416(b), CFR, requiring Eligible Telecommunications Carriers (ETCs) to submit a copy of the results of their annual Lifeline recertification efforts to the state commission for subscribers residing in the state where the state commission has designated the company as an ETC. As per directions from Commission Staff, please place this in the undocketed file.

Please note that in 2013, Cox had not yet launched Lifeline service in Florida by USAC's designated date upon which existing subscribers were to be included in the annual Recertification. However, Cox is still required to file Form 555, and as such, is filing with this Commission.

Should you have any questions regarding this filing, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Leslie McLaughlin". The signature is fluid and cursive, with the first name being the most prominent.

Leslie McLaughlin, Analyst,  
Assistant to Martin J. Corcoran, Director, Regulatory Affairs

Enclosure

CC: Jay Bradbury, Director, Cox Law & Policy, Regulatory Operations

**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 31<sup>st</sup> (Annually)*

FL

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

219019

Cox Florida Telcom LP

Study Area Code(s) (SAC)

ETC Name(s)

Cox Communications Inc

Cox Lifeline Service

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

*Provide a list of all ETCs that are affiliated with the reporting ETC. 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.*

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

**Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification**

I certify that the company listed above has certification procedures in place either to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** JP



**Section 2: All ETCs MUST COMPLETE SECTION 2- Annual Recertification**  
*Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.*

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
0	0	0

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

D	E	F =D-E	G	H = (F+G)	I
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0	0	0

AND/OR

In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on \_\_\_\_\_ . Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JP

**Section 3: ALL ETCS MUST COMPLETE SECTION 3 –De-enroll percentage**  
**What is the percentage of subscribers de-enrolled for this ETC?**

M	N	O	P = N + O	Q = ((P + M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <i>(From Column K)</i>	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497

**Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4**

**Is the ETC Pre-Paid?**

Yes  No  *(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)*

*If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.*

**Non-Usage Results Applicable to Pre-Paid ETCs:**

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

**Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signed,

Joiava Philpott  
\_\_\_\_\_  
Signature of Officer  
Vice President Regulatory Affairs  
\_\_\_\_\_  
Title of Officer  
Jay Bradbury  
\_\_\_\_\_  
Person Completing this Certification Form

Joiava Philpott  
\_\_\_\_\_  
Printed Name of Officer  
Jan-27-14  
\_\_\_\_\_  
Date  
404-269-9190  
\_\_\_\_\_  
Contact Phone Number





