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January 30, 2015

Florida Public Service Commission
Attn: Ms. Carlotta Stauffer
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 2014 Annual Lifeline Eligible Telecommunications Carrier Certification Form

Dear Ms. Stauffer:

Cox submits herewith the attached Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for Year 2014, 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.

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

Sincerely,

A handwritten signature in blue ink that reads "Leslie McLaughlin". The signature is fluid and cursive, with a large initial "L".

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

Enclosure

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



J.G. Harrington
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COPY

January 29, 2014

VIA ECFS

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

**Re: Cox Communications, Inc. and Its Affiliates
WC Docket No. 14-171
Annual Certification Requirement for Lifeline Program
Pursuant to 47 C.F.R. 54.405(e)(1)**

Dear Ms. Dortch:

Pursuant to the above-referenced rule and the Commission's October 11, 2012 Public Notice, Cox Communications, Inc. hereby submits FCC Form 555 for each of its affiliates that participates in the Lifeline program.¹ Forms are submitted herewith for the following companies:

Cox Arizona Telcom, LLC	Cox Kansas Telcom, LLC
Cox Arkansas Telcom, LLC	Cox Louisiana Telcom, LLC
Cox California Telcom, LLC	Cox Nebraska Telcom, LLC
Cox Connecticut Telcom, LLC	Cox Nevada Telcom, LLC
Cox Florida Telcom, LP	Cox Oklahoma Telcom, LLC
Cox Georgia Telcom, LLC	Cox Rhode Island Telcom, LLC
Cox Iowa Telcom, LLC	Cox Virginia Telcom, LLC

¹ 47 C.F.R. § 54.405(e)(1).



Marlene H. Dortch
January 29, 2015
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Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J.G. Harrington", written over a horizontal line.

J.G. Harrington

Counsel to Cox Communications, Inc.

JGH/
Attachments (14)

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)

219019	
Study Area Code (SAC)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	
FL	Cox Florida Telecom LP
State	ETC Name
Cox Digital Telephone Lifeline Service	Cox Communications, Inc.
DBA, Marketing or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do not 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

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: Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place 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; and/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 Code listed above.

Initial JP

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year <i>(February data month)</i>	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year <i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i>	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
234	0	128	18	88

Recertification Results:

F	G	H = (F-G)	I	J = (H+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 <i>(This should be a subset of Block G.)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, 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 database, or USAC
88	63

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor 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 above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: USAC. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JP

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 SAC listed above.

Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$M = (F+K)$	$N = (J+L)$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC <i>(This should equal the number reported in Block E)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
88	63	71.6%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid? Yes No

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

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

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 Code (SAC) listed above.

Signed,
Certified Online
 Signature of Officer
jojava.philpott@cox.com
 Email Address of Officer
Jay Bradbury
 Person Completing This Certification Form

Joiava Philpott, VP Regulatory
 Affairs
 Printed Name and Title of Officer
01/26/2015
 Date
404-269-9190
 Contact Phone Number