Stephanie D. Marsh Senior Analyst – Regulatory Compliance 4001 N Rodney Parham Road Little Rock, AR 72212 t: 501-748-7897 f:501-748-6583 *e-mail: stephanie.d.marsh@windstream.com* 



January 29, 2020

Clerk's Office Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

Filed Electronically

Re: FCC Form 555-Annual Lifeline Eligible Telecommunications Carrier Certification Form

Dear Sir or Madam:

Attached, please find a copy of the Windstream Telecommunications Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555); the originals were filed with the Universal Service Administrative Company and FCC via online submission on January 29, 2020.

Pursuant to Section 54.410 of the Federal Communications Commission's rules, the annual reporting requirements and certifications for the following Windstream Study Areas Code 210336 in the state of Florida.

Should you have any questions regarding this submission, please contact me at (501) 748-7897 or via email at stephanie.d.marsh@windstream.com.

Sincerely,

Eshane D. March

Stephanie D. Marsh

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)

tudy Area Code (SAC) n Eligible Telecommunication	as Carrier (ETC) must provide a	Service Provider Identification Number (SPIN) a certification form for <b>each SAC</b> through which it provides Lifeline service					
2019	FL	Windstream Communications LLC					
ecertification Year State		ETC Name					
N/A		Windstream Communications					
DBA, Marketing, or Othe f same as ETC name, list "N/A"		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
f same as ETC name, list "N/A'							

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

# 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 in Section 4. 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 Q below.

Р	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

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.

# 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.

	IL	
Initial		

# **Minimum Service Level**

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

Initial TL

# Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
А.	305	212	166	123	118	129	165	173	116	85	95	110	1797
В.	6	1	3	6	2	7	100	120	71	5	0	5	326
C.	299	211	163	117	116	122	65	53	45	80	95	105	1471

# **Recertification Methods**

#### State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

#### **ETC Direct Contact**

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

#### Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

#### H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that suc	cessfully recertified th	rough ETC's outreach atter	nnt
Report the number of Enemie subscribers that suc	cessiuny recentitied in	nough LTC sourcach anei	npt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

# **Third Party**

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	299	211	163	117	116	122	65	53	45	80	95	105	1471

J. Name of third party administrator used to verify subscriber eligibility:

National Verifier

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as	a result of ineligibility or non-respon	se to outreach from a state administrator	third party administrator or USAC
Report the number of subscribers us	a result of mengionity of non respon	se to outreach nom a state administrator	, und party administrator, or Obric.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	137	80	74	51	55	46	11	0	0	34	34	40	562

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	162	131	89	66	61	76	54	53	45	46	61	65	909

# **Certification:**

# **Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial \_\_\_\_\_

# **Recertification Method: ETC**

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

# Initial \_\_\_\_\_

# **Recertification Method: Third Party**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial TL

# No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers 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 listed above.

# Initial \_\_\_\_\_

M = (G+K)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	O = M/N*100		
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled		
562	1471	38.21%		

# 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,

 Tim Loken Director

 Signature of Officer

 tim.p.loken@windstream.com

 Email Address of Officer

 Stephanie D. Marsh

 Person Completing This Certification Form

Tim Loken Director

Printed Name and Title of Officer Jan 29, 2020 Date

# 501-748-7897

Contact Phone Number

# **Affiliated ETCs**

SAC	Name