

Peter J. Gose  
Senior Director  
Regulatory Affairs  
(303) 324-5678

January 23, 2026

Mr. Adam Teitzman  
Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

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

Dear Mr. Teitzman:

Pursuant to the Federal Communications Commission's *Report and Order*<sup>1</sup> requiring eligible telecommunications carriers to re-certify the eligibility of their Lifeline subscribers and to report the results to the Federal Communications Commission, Universal Service Administrative Company and to state commission and Tribal governments, CenturyLink hereby submits its 2025 Lifeline re-certification results for the state of Florida. Please note that the results are provided separately for each FCC study area.

In addition, the numbers being reported this year are mostly zero as we are no longer handling the verifications and recertifications. The Lifeline National Eligibility Verifier (National Verifier) has taken over these functions for all states except the Opt-out-states of Oregon and Texas. Per USAC's instructions, we are still completing and filing the Form 555 reports; only we are filling them in with zeros where the National Verifier has taken over.

Please do not hesitate to contact me should you have any questions regarding this filing.

Sincerely,

/s/ Peter J. Gose

Peter J. Gose

PJG/db

Enclosure

<sup>1</sup> *In the Matter of Lifeline and Link Up Reform and Modernization, Lifeline and Link Up, Federal-State Joint Board on Universal Service, Advancing Broadband Availability Through Digital Literacy Training, Report and Order and Further Notice of Rulemaking*, 27 FCC Rcd 6656, 6715-16 ¶132 (2012); 47 C.F.R. § 54.416. Also see Public Notice, 28 FCC Rcd 12947 (2013).

**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)**

|                                                                                                                                             |                                                                                            |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|
| 210341                                                                                                                                      | 143001444                                                                                  |                                               |
| Study Area Code (SAC)                                                                                                                       | Service Provider Identification Number (SPIN)                                              |                                               |
| <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).</i> |                                                                                            |                                               |
| 2025                                                                                                                                        | FL                                                                                         | CenturyLink-Embarq Florida, Inc. (FKA Embarq) |
| Recertification Year                                                                                                                        | State                                                                                      | ETC Name                                      |
|                                                                                                                                             |                                                                                            | Lumen Technologies, Inc.                      |
| DBA, Marketing, or Other Branding Name<br><i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>                                | Holding Company Name<br><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   X**

*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 |
|----------------------|-----------------------|

**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 CG

**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   X   National Verifier

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

Initial CG

**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 |
| <b>January</b>           | 0                                     |
| <b>February</b>          | 0                                     |
| <b>March</b>             | 0                                     |
| <b>April</b>             | 0                                     |
| <b>May</b>               | 0                                     |
| <b>June</b>              | 0                                     |
| <b>July</b>              | 0                                     |
| <b>August</b>            | 0                                     |
| <b>September</b>         | 0                                     |
| <b>October</b>           | 0                                     |
| <b>November</b>          | 0                                     |
| <b>December</b>          | 0                                     |
| <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

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.

Signed,

Caryl Gilstrap

\_\_\_\_\_  
Signature of Officer

Caryl.Gilstrap@lumen.com

\_\_\_\_\_  
Email Address of Officer

Caryl Gilstrap

\_\_\_\_\_  
Person Completing This Certification Form

Caryl Gilstrap - Director Government Affairs

\_\_\_\_\_  
Printed Name and Title of Officer

01-08-2026

\_\_\_\_\_  
Date

3195952120

\_\_\_\_\_  
Contact Phone Number