Thomas J. Larsen
Senior Vice President
Government & Public Relations

January 16, 2025

Via Electronic Filing and FedEx

Sallie Tanner
Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334-9052

Re: **Docket No. 36946,** *Eligible Telecommunications Carrier Repository Docket – Annual Certification Requirement for Lifeline Program*

Dear Ms. Dortch:

Pursuant to Section 54.416(b) of the rules of the Federal Communications Commission,[1/] Mediacom Communications Corporation submits the attached FCC Form 555, the Annual Lifeline Eligible Telecommunications Carrier Certification Form, on behalf of its subsidiary Mediacom Wireless of Georgia LLC for the 2024 recertification year.

If there are any questions concerning this filing, please contact the undersigned directly.

Respectfully submitted,

/s/ Thomas J. Larsen
Thomas J. Larsen
Senior Vice President
Government & Public Relations

Attachment

1/ *See* 47 C.F.R. § 54.416(b); *see also Lifeline and Link Up Reform and Modernization, et al.*, Report and Order and Further Notice of Proposed Rulemaking, 27 FCC Rcd 6656, ¶ 148 (2012); *Wireline Competition Bureau Opens New Docket for the Filing of Annual Lifeline Eligible Telecommunications Carrier Certifications, FCC Form 555*, Public Notice, 29 FCC Rcd 14451 (2014); *Application of Mediacom Wireless of Georgia, LLC for Limited Designation as an Eligible Telecommunications Carrier*, Order on Application for Designation as an Eligible Telecommunications Carrier, Docket No. 43709 (June 1, 2021).

Mediacom Communications Corporation
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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)

229039	143053323
Study Area Code (SAC)	Service Provider Identification Number (SPIN)

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each SAC** that provides Lifeline service).*

2024	GA	Mediacom Wireless of Georgia LLC
Recertification Year	State	ETC Name

	Mediacom Communications Corporation
DBA, Marketing, or Other Branding Name *(If same as ETC name, list "N/A" Do not leave blank)*	Holding Company Name *(If same as ETC name, list "N/A" Do not leave blank)*

Does the reporting company have affiliated ETCs? Yes X 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
259055	Mediacom Wireless of Alabama LLC
239037	Mediacom Wireless of North Carolina LLC
219025	Mediacom Wireless of Florida LLC

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 TL

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 TL

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 TL

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 X

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	
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.

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,

Thomas Larsen	Thomas Larsen - SVP of Government & Public Relations
Signature of Officer	Printed Name and Title of Officer
tlarsen@mediacomcc.com	01-15-2025
Email Address of Officer	Date
Thomas Larsen	8454432754
Person Completing This Certification Form	Contact Phone Number