This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 3/1/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	1333
		Τ	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	_	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	31333
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GERMAN VALLEY	
Community	RIDOTT	
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	MEDIACOM ILLINOIS LI								3133
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Si	ummarize any st					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					n the count un	der "Servie	ce to the	
	first set" and would be counted o					and is a that are	different f	rom those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		ů.						
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		92	.00-73.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	.00-73.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES					
E	In General: Space F calls for rat		,			, ,			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip	•							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGOR	RY OF SERVICE	E	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			n: Non-residen	ntial				_
	• Pay cable	PP	 Motel, 	hotel			Family	Cable	75.4
	 Pay cable—add'l channel 	PP	Comm						
	Fire protection		• Pay ca						
	 Burglar protection 			ble-add'l channe	el				
	Installation: Residential		 Fire pr 	otection					
	First set	49.99	Ŭ	r protection					
			Other ser						1
	Additional set(s)	15.00-29.00							
	Additional set(s)FM radio (if separate rate)	15.00-29.00	• Recon	nect		29.00			
	Additional set(s)	15.00-29.00	• Recon • Discor	nect nect					
	Additional set(s)FM radio (if separate rate)	15.00-29.00	• Recon • Discor	nect	- - -	29.00 15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
lame	MEDIACOM ILLINOIS			313
	PRIMARY TRANSMITTERS:			
G smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHA (PBS)	20	E	MADISON, WI
		41	N	ROCKFORD, IL
	WIFR (CBS)			
s Necessary	WQRF (FOX)	42	I	ROCKFORD, IL
	WREX (NBC)	13	N	ROCKFORD, IL
	WREX-DT2 (CW)	13.2	l	ROCKFORD, IL
	WTVO (ABC)	16	N	ROCKFORD, IL
	WTVO (ABC)	16	N	ROCKFORD, IL
	WTVO (ABC)	16	N	
	WTVO (ABC)	16	N	
	WTVO (ABC)	16	N	
		16	N	
	WTVO (ABC)	16	N	ROCKFORD, IL
		16	N	ROCKFORD, IL
	WTVO (ABC)			

MEDIACOM	OWNER OF C		YSTEM:					SYSTEM II 313
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOUATION OF STATION	UALL SIGN		310	LOCATION OF STATION	
		1	<u> </u>				+	

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC					31333
	SUBSTITUTE CARRIAGI				6		
1					-	ion that your apply	a avetam carried on a
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				- J		
Special	During the accounting per					twork tolovision n	rogram
Statement and		•	ii cable system	carry, on a substitute bas			
Program Log	broadcast by a distant star	tion?				LΥ	'ES X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the p	orogram
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their mea	ning is
	clear. If you need more spa						
	Column 1: Give the title period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.			p			-,
				r "Yes." Otherwise enter "N			
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			or, in
				tem carried the substitute			ne month
	first. Example: for May 7 giv		inten year eye			numerale, mar a	
			e substitute pro	gram was carried by your	cable system.	List the times ac	curately
	to the nearest five minutes.	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	be
	stated as "6:00–6:30 p.m."			was substituted for one are			un au viun al
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						program
	effect on October 19, 1976.		,			0	
							_
						EN SUBSTITUTE	
	S		TE PROGRAM				ED 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то
						_	
						_	
			1				
						_	
			1				
						_	
			1				
						_	
			1				
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	MEDIACOM ILLINOIS LLC		31333
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 1,750.64
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less		
Royalty Fee	 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID 31333
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	6 62
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 8	345-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	tem as identified
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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unting Period: 2018/2	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	313
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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