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

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

| A          | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |       |
|------------|------|---|-------|
|            |      |   |       |
|            |      | 2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |       |
|            |      |   |       |
|            |      | Barcode Data Filing Period (optional - see instructions)  |       |
| Accounting |      |   |       |
| Period     |      |   |       |
| В          |      | Instructions:<br>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<br>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.   | 34380 |
|            |      |   |       |
|            |      | 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<br>(Number, street, rural route, apartment, or suite number)   |       |
|            |      | MEDIACOM PARK, NY 10918   |       |
|            |      | (City, town, state, zip)  |       |
| С          |      | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system of a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in |       |
| System     | 1    | IDENTIFICATION OF CABLE SYSTEM:   |       |
|            |      | MEDIACOM ILLINOIS LLC   |       |
|            |      | MAILING ADDRESS OF CABLE SYSTEM:  |       |
|            | 2    | ONE MEDIACOM WAY<br>(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 fling, a determination that would be made by a court of law.

|                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA1-2E. PAG   |
|-------------------|---|--|
| Name              | MEDIACOM ILLINOIS LLC   | 343  |
|                   | Instructions: List each separate community served by the cable system. A "commu       |  |
|                   | "a separate and distinct community or municipal entity (including unincorporated      |  |
| D                 | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you     |  |
|                   | as the "first community." Please use it as the first community on all future filings. |  |
| Area              | Note: Entities and properties such as hotels, apartments, condominiums, or mobil      | e home parks should be reported in parentheses below the |
| Served            | identified city.  |  |
| Convou            |   |  |
|                   |   |  |
|                   | CITY OR TOWN  | STATE  |
| First             | CAPRON  | IL   |
| Community         | BELVIDERE TOWNSHIP  | IL   |
|                   | ARGYLE  | IL   |
| Rows as Necessary | CALEDONIA   | IL   |
|                   | CANDLEWICK LAKE   | IL   |
|                   | POPLAR GROVE  | IL   |
|                   | CHEMUNG   | IL   |
|                   | RINGWOOD  |  |
|                   | RICHMOND / SOLON MILLS  | IL   |
|                   | SPRING GROVE  | IL   |
|                   | GARDEN PRAIRIE  | IL   |
|                   | HEBRON  | IL   |
|                   |   |  |
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|  | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM:   |   |  |   |   |  |   | TEM ID |
|--|--|--|---|--|---|---|--|---|--------|
| Name   | MEDIACOM ILLINOIS LI   | _C   |   |  |   |   |  |   | 3438   |
| E<br>Secondary<br>Transmission<br>Service: Sub-<br>scribers and<br>Rates   | SECONDARY TRANSMISSION<br>In General: The information in s<br>system, that is, the retransmission<br>about other services (including p<br>last day of the accounting period<br>Number of Subscribers: Both<br>down by categories of secondary<br>each category by counting the ni<br>separately for the particular serv<br>Rate: Give the standard rate c<br>unit in which it is generally billed<br>category, but do not include disc<br>Block 1: In the left-hand block<br>systems most commonly provide | SERVICE: SU<br>pace E should<br>on of television<br>vay cable) in sp<br>of User Solowing Solowing<br>blocks in space<br>y transmission<br>umber of billing<br>ice at the rate i<br>harged for eacl<br>. (Example: "\$2<br>ounts allowed<br>in space E, the | cover a<br>and rac<br>ace F, f<br>ecembe<br>ce E ca<br>service<br>s in tha<br>ndicate<br>h categ<br>20/mth"<br>for adva<br>e form I | Il categories of<br>tio broadcasts<br>not here. All the<br>er 31, as the ca<br>Il for the numbe<br>. In general, yo<br>at category (the<br>d—not the num<br>ory of service. I<br>). Summarize a<br>ance payment.<br>ists the categor | secondar<br>by your sy<br>a facts you<br>se may be<br>er of subso<br>u can com<br>number of<br>set<br>include bo<br>ny standa | stem to subscr<br>u state must be<br>e).<br>cribers to the ca<br>pute the numb<br>of persons or or<br>ts receiving ser<br>oth the amount<br>rd rate variation<br>ondary transmi | ibers. Give<br>those exist<br>able system<br>er of subsc<br>ganizations<br>vice).<br>of the charg<br>ns within a<br>ssion servio | information<br>ing on the<br>ribers in<br>charged<br>ge and the<br>particular rate<br>ce that cable |        |
|  | that applies to your system. Note<br>categories, that person or entity<br>subscriber who pays extra for ca<br>first set" and would be counted or<br><b>Block 2:</b> If your cable system<br>printed in block 1 (for example, t<br>with the number of subscribers a<br>sufficient.  | e: Where an ind<br>should be cour<br>ble service to a<br>once again und<br>has rate catego<br>iers of services   | dividual<br>nted as<br>addition<br>er "Serv<br>pries for<br>that in   | or organization<br>a subscriber in<br>al sets would b<br>vice to additiona<br>secondary tran<br>clude one or mo  | n is receivi<br>each app<br>e included<br>al set(s)."<br>nsmission<br>ore secon   | ing service that<br>licable category<br>d in the count u<br>service that an<br>dary transmissi  | falls under<br>y. Example<br>nder "Servi<br>e different f<br>ons), list th   | different<br>a residential<br>ce to the<br>rom those<br>em, together                                |        |
|  | BLO  | DCK 1  |   |  |   |   | BLOC   |   |        |
|  | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIBI  |   | RATE   | CAT   | EGORY OF SE   |  | NO. OF<br>SUBSCRIBERS   | RATE   |
|  | Residential:   | SUBSCRIDI  | ERG   | NATE   | CAI   | LOOKT OF SL   |  | SUBSCRIBERS   | KAIL   |
|  | Service to first set   |  | 1,949   | 29.95-51.54  |   |   |  |   |        |
|  | Service to additional set(s)   |  |   |  |   |   |  |   |        |
|  | • FM radio (if separate rate)  |  |   |  |   |   |  |   |        |
|  | Motel, hotel   |  |   |  |   |   |  |   |        |
|  | Commercial   |  | 4   | 29.95-51.54  |   |   |  |   |        |
|  | Converter  |  |   |  |   |   |  |   |        |
|  | Residential  |  |   |  |   |   |  |   |        |
|  | Non-residential  |  |   |  |   |   |  |   |        |
| <b>F</b><br>Services<br>Other Than<br>Secondary<br>Transmissions:<br>Rates | SERVICES OTHER THAN SEC<br>In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip   | e (not subscrib<br>hose services t<br>e two exception<br>or facilities furm<br>it in which it is<br>rate column.<br>e charged by th<br>your cable sys<br>separate charg  | er) info<br>hat are<br>ns: you<br>ished to<br>usually<br>ne cable<br>stem fur<br>e was r  | rmation with re<br>not offered in o<br>do not need to<br>o nonsubscribe<br>billed. If any ra<br>e system for ea<br>nished or offeren<br>nade or establi  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>ates are ch<br>ates of the<br>ed during                              | on with any sec<br>information con<br>formation shou<br>narged on a var<br>applicable serv<br>the accounting  | ondary tran<br>ncerning (1)<br>Id include<br>iable per-p<br>ices listed.<br>period that  | ismission<br>) services<br>both the<br>rogram basis,<br>were not                                    |        |
|  |  | BLO  |   |  |   |   |  | BLOCK 2   |        |
|  | CATEGORY OF SERVICE  | RATE   |   | GORY OF SER  |   | RATE  | CATEG  | ORY OF SERVICE  | RATE   |
|  | Continuing Services:   |  |   | ation: Non-res   | idential  |   | <b>F</b>   | 0-11-   | 70.4   |
|  | • Pay cable  | PP   |   | tel, hotel   |   |   | Family   | Caple   | 78.4   |
|  | Pay cable—add'l channel     Eiro protoction  | PP   |   | mmercial   |   |   |  |   |        |
|  | Fire protection     Burglar protection   |  |   | y cable<br>v cable-add'l ch  | annal   |   |  |   |        |
|  | •Burglar protection<br>Installation: Residential   |  |   | y cable-add'l ch<br>e protection   | annen   |   |  |   |        |
|  | First set  | 99.99  |   | rglar protection   |   |   |  |   |        |
|  | Additional set(s)  | 99.99<br>15.00-29.00   |   | services:  |   |   |  |   |        |
|  |  | 10.00-23.00  |   |  |   | 20.00   |  |   |        |
|  | • FM radio (if senarate rate)  |  | • • • •   | connect  |   |   |  |   |        |
|  | FM radio (if separate rate)     Converter  | 10 50  |   | connect  |   | 29.00   |  |   |        |
|  | FM radio (if separate rate)     Converter  | 10.50  | • Dis   | connect<br>connect<br>tlet relocation  |   | 15.00-29.00   |  |   |        |

|  | LEGAL NAME OF OWNER OF   | CABLE SYSTEM:   |   | SYSTEM   |
|--|--|---|---|--|
| Name                                       | MEDIACOM ILLINOIS I  |   |   | 343  |
|  | PRIMARY TRANSMITTERS:  |   |   |  |
| G<br>Primary<br>ransmitters:<br>Television | carried by your cable system<br>FCC rules and regulations in<br>76.59(d)(2) and (4), 76.61(e)<br>substitute program basis, as<br><b>Substitute Basis Stations:</b><br>basis under specific FCC rul<br>• Do <i>not</i> list the station here<br>station was carried <i>only</i> on a<br>• List the station here, and al<br>basis. For further information<br><b>Column 1:</b> List each station <sup>*</sup><br>multicast stream associated<br>"WETA-2" as the same on th<br><b>Column 2:</b> Give the channel<br>of license. For example, WF<br><b>Column 3:</b> Indicate in each<br>educational station, by enter<br>(for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location | also in space I, if the station was carrie<br>in concerning substitute basis stations,<br>i's call sign. <i>Do not</i> report origination p<br>I with a station according to its over-the | <i>it</i> (1) stations carried only on a part-t<br>the carriage of certain network progra<br>61(e)(2) and (4))]; and (2) certain state<br>arried by your cable system on a sub-<br>the Special Statement and Program I<br>ed both on a substitute basis and also<br>, see page (v) of the general instructi<br>program services such as HBO, ESF<br>e-air designation. For example, repo-<br>evision station for broadcasting over<br>station, an independent station, or a<br>(for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>uctions in the paper SA1-2 form.<br>t the community to which the station | time basis under<br>ams [sections<br>tions carried on a<br>bstitute program<br>Log)—if the<br>o on some other<br>ions.<br>PN, etc. Identify each<br>ort multistream<br>the air in its community<br>a noncommercial<br>endent), "I-M"<br>onal multicast).<br>is licensed by the |
|  | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION  | 4. LOCATION OF STATION   |
|  | WBBM/WBBM (HD) CBS   | 12  | N   | CHICAGO, IL  |
|  | WBBM-DT2 Decades   | 12.2  | N   | CHICAGO, IL  |
|  | WDDM-D12 Decades   | 27  | I   | CHICAGO, IL  |
| Rows as Necessary                          | WCIU-DT2 (The U Too)   | 27.2  |   | CHICAGO, IL  |
| N0W5 05                                    | WCIU-DT3 (MeTV)  | 27.3  |   | CHICAGO, IL  |
|  | WCIU-DT4 Heroes&lcons  | 27.4  |   | CHICAGO, IL  |
|  | WCIU-DT5 Bounce TV   | 27.5  |   | CHICAGO, IL  |
|  | WCPX/WCPX (HD) ION   | 48  |   | CHICAGO, IL  |
|  | WCPX-DT2 (Qubo)  | 48.2  |   | CHICAGO, IL  |
|  | WCPX-DT2 (QUD0)  | 48.3  |   | CHICAGO, IL  |
|  | WFLD/WFLD (HD) FOX   | 31  |   | CHICAGO, IL  |
|  | WFLD-DT3 BUZZR   | 31.3  |   | CHICAGO, IL  |
|  | WFLD-DT3 B022R<br>WFLD-DT2 Movies!   | 31.3  | 1   | CHICAGO, IL<br>CHICAGO, IL   |
|  |  |   |   |  |
|  | WGN-DT2 Antenna  | 19  | I   |  |
|  | WGN-DT2 Antenna  | 19.2  |   |  |
|  | WGN-DT3 ThisTV   | 19.3  | I   |  |
|  | WIFR/WIFR (HD) CBS   | 41  | N   | FREEPORT-ROCKFORD, IL  |
|  | WIFR-DT2 Antenna TV  | 41.2  | N   | FREEPORT-ROCKFORD, IL  |
|  | WIFR-DT3 Cozi  | 41.3  | N   | FREEPORT-ROCKFORD, IL  |
|  | WLS/WLS (HD) ABC   | 7   | N   | CHICAGO, IL  |
|  | WLS-DT2 Live LWN HD  | 7.2   | N   | CHICAGO, IL  |
|  | WMAQ/WMAQ (HD) NBC   | 29  | N   |  |
|  | WMAQ-DT2 CoziTV  | 29.2  | N   | CHICAGO, IL  |
|  | WPWR/WPWR (HD) ( CW/MYI  | 51  | I   | CHICAGO, IL  |
|  |  |   |   |  |

|  | LEGAL NAME OF OWNER OF  | CABLE SYSTEM:   |  | SYSTEN  |
|--|---|---|--|---|
| Name                                       | MEDIACOM ILLINOIS   | LLC   |  | 34  |
|  | PRIMARY TRANSMITTERS:   | TELEVISION  |  |   |
| G<br>Primary<br>ransmitters:<br>Television | In General: In space G, ider<br>carried by your cable system<br>FCC rules and regulations in<br>76.59(d)(2) and (4), 76.61(e)<br>substitute program basis, as<br>Substitute Basis Stations:<br>basis under specific FCC rul<br>• Do not list the station here<br>station was carried only on a<br>• List the station here, and al<br>basis. For further information<br>Column 1: List each station <sup>*</sup><br>multicast stream associated<br>"WETA-2" as the same on th<br>Column 2: Give the channel<br>of license. For example, WF<br>Column 3: Indicate in each | ntify every television station (including<br>in during the accounting period, <i>excep</i><br>in effect on June 24, 1981, permitting to<br>(2) and (4), or 76.63 (referring to 76.6<br>explained in the next paragraph.<br>With respect to any distant stations c<br>es, regulations, or authorizations:<br>in space G—but do list it in space I (t<br>a substitute basis.<br>Iso in space I, if the station was carried<br>in concerning substitute basis stations<br>'s call sign. <i>Do not</i> report origination<br>with a station according to its over-the<br>fer form.<br>I number the FCC assigned to the tele<br>CC is channel 4 in Washington, D.C.<br>case whether the station is a network   | <i>bt</i> (1) stations carried only on a part<br>the carriage of certain network prog<br>61(e)(2) and (4))]; and (2) certain si<br>carried by your cable system on a s<br>the Special Statement and Program<br>ed both on a substitute basis and al<br>s, see page (v) of the general instru-<br>program services such as HBO, ES<br>le-air designation. For example, rep<br>evision station for broadcasting over | t-time basis under<br>grams [sections<br>tations carried on a<br>substitute program<br>in Log)—if the<br>lso on some other<br>ctions.<br>SPN, etc. Identify each<br>port multistream<br>er the air in its community   |
|  | (for independent multicast), '<br>For the meaning of these ter  | "E" (for noncommercial educational),<br>ms, see page (iv) of the general instru   | or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.   | ational multicast).   |
|  | (for independent multicast), '<br>For the meaning of these ter<br><b>Column 4:</b> Give the location  | "E" (for noncommercial educational),  | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the statio  | ational multicast).<br>In is licensed by the  |
|  | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad   | "E" (for noncommercial educational),<br>ms, see page (iv) of the general instru-<br>of each station. For U.S. stations, lis<br>ian stations, if any, give the name of t   | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the station<br>the community with which the station   | ational multicast).<br>on is licensed by the<br>on is identified.   |
|  | (for independent multicast), '<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad   | "E" (for noncommercial educational),<br>ms, see page (iv) of the general instru-<br>of each station. For U.S. stations, lis<br>ian stations, if any, give the name of t<br>2. B'CAST CHANNEL NUMBER   | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the station<br>the community with which the station<br><b>3. TYPE OF STATION</b>  | ational multicast).<br>on is licensed by the<br>on is identified.<br><b>4. LOCATION OF STATION</b>  |
|  | (for independent multicast), '<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>WQRF-DT2 Bounce TV  | "E" (for noncommercial educational),<br>ms, see page (iv) of the general instru-<br>of each station. For U.S. stations, lis<br>ian stations, if any, give the name of t<br>2. B'CAST CHANNEL NUMBER<br>42.2   | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the station<br>the community with which the station<br><b>3. TYPE OF STATION</b>  | Ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>ROCKFORD, IL   |
|  | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>WQRF-DT2 Bounce TV<br>WQRF-DT3 Escape   | "E" (for noncommercial educational),<br>rms, see page (iv) of the general instru-<br>to of each station. For U.S. stations, lis<br>ian stations, if any, give the name of t<br>2. B'CAST CHANNEL NUMBER<br>42.2<br>42.3   | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the station<br>the community with which the station<br><b>3. TYPE OF STATION</b><br>I   | Ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>ROCKFORD, IL<br>ROCKFORD, IL   |
|  | (for independent multicast), '<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>WQRF-DT2 Bounce TV<br>WQRF-DT3 Escape<br>WREX/WREX (HD) NBC   | "E" (for noncommercial educational),<br>ms, see page (iv) of the general instru-<br>of each station. For U.S. stations, lis-<br>ian stations, if any, give the name of t<br>2. B'CAST CHANNEL NUMBER<br>42.2<br>42.3<br>13  | or "E-M" (for noncommercial educa<br>uctions in the paper SA1-2 form.<br>It the community to which the station<br>the community with which the station<br><b>3. TYPE OF STATION</b><br>I<br>I<br>N   | Ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>ROCKFORD, IL<br>ROCKFORD, IL<br>ROCKFORD, IL   |
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|   | t every radio s  | station ca   | arried on a separate and discr<br>nerally receivable by your cat   |   |   |   |  | н                                |
| eceivable if (1)<br>in the basis of<br>for detailed info<br>aper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: G | it is carried b<br>monitoring, to<br>prmation about<br>rm.<br>dentify the call<br>tate whether f<br>the radio state<br>this by placing<br>Sive the station | y the sys<br>be recein<br>at the Co<br>l sign of a<br>the static<br>ion's sig<br>g a checl<br>n's locati | I-Band FM Carriage: Under of<br>stem whenever it is received a<br>ived at the headend, with the<br>opyright Office regulations on<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see pa<br>sed by the cable s<br>he station is licen: | adend, and (2<br>enna, during c<br>ge (v) of the g<br>system as a se<br>sed by the FC | !) it can<br>ertain st<br>eneral i<br>eparate | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
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| Accounting Perio             | od: 2018/2  |                       |                           |   |                     |                  | FOR               | M SA1-2E. PAGE 5. |
|------------------------------|---|-----------------------|---------------------------|---|---------------------|------------------|-------------------|-------------------|
|                              | LEGAL NAME OF OWNER OF                                    | CABLE SYS             | TEM:                      |   |                     |                  |                   | SYSTEM ID#        |
| Name                         | MEDIACOM ILLINOIS I                                       | LLC                   |                           |   |                     |                  |                   | 34380             |
|                              | SUBSTITUTE CARRIAGI                                       | E: SPECIA             |                           | NT AND PROGRAM LO                                       | G                   |                  |                   |                   |
| I I                          | In General: In space I, identi                            |                       |                           |   | -                   | ion that your    | cable syste       | m carried on a    |
| •                            | substitute basis during the a                             |                       |                           |   |                     |                  |                   |                   |
| Substitute                   | explanation of the programm                               | ing that mus          | t be included in          | this log, see page (v) of the                           | e general instr     | uctions in the   | paper SA1-        | -2 form.          |
| Carriage:                    | 1. SPECIAL STATEMEN                                       |                       | NING SUBST                | TITUTE CARRIAGE   |                     |                  |                   |                   |
| Special                      | <ul> <li>During the accounting per</li> </ul>             | iod, did you          | r cable system            | carry, on a substitute basi                             | s, any nonnet       | twork televisi   | <u>on</u> program | 1                 |
| Statement and<br>Program Log | broadcast by a distant stat                               | tion?                 |                           |   |                     |                  | YES               | XNO               |
| Frogram Log                  | Note: If your answer is "No'                              | ' loovo tho           | root of this pag          | o blonk. If your onowor in '                            |                     |                  | -                 |                   |
|                              | -   | , leave the           | rest of this pag          | e blank. Il your answer is                              | res, you mu         | ist complete     | the program       | п                 |
|                              | log in block 2.<br>2. LOG OF SUBSTITUTE                   |                       | MS                        |   |                     |                  |                   |                   |
|                              | In General: List each subst                               |                       |                           | te line. Use abbreviations                              | wherever pos        | sible if their   | meaning is        |                   |
|                              | clear. If you need more spa                               |                       |                           |   | interer pee         |                  |                   |                   |
|                              |   |                       |                           | sion program ("substitute                               |                     |                  |                   |                   |
|                              | period, was broadcast by a                                |                       |                           |   |                     |                  |                   |                   |
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|                              | "NBA Basketball: 76ers vs.                                |                       |                           |   |                     |                  | 0 2009 01         |                   |
|                              |   |                       |                           | "Yes." Otherwise enter "N                               |                     |                  |                   |                   |
|                              |   |                       |                           | sting the substitute progra<br>e community to which the |                     | nead by tha      | ECC or in         |                   |
|                              | the case of Mexican or Can                                |                       |                           |   |                     |                  |                   |                   |
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|                              | first. Example: for May 7 give                            |                       |                           |   | -                   |                  |                   |                   |
|                              |   |                       |                           | gram was carried by your o                              |                     |                  |                   | ly                |
|                              | to the nearest five minutes. stated as "6:00–6:30 p.m."   | Example: a            | i program carne           | ed by a system from 6:01:                               | 15 p.m. to 6:2      | 8:30 p.m. sno    | ouid be           |                   |
|                              |   | er "R" if the         | listed program            | was substituted for progra                              | mming that y        | our system w     | vas require       | d                 |
|                              | to delete under FCC rules a                               |                       |                           |   |                     |                  |                   | am                |
|                              | was substituted for program                               |                       | our system wa             | s permitted to delete unde                              | r FCC rules a       | nd regulation    | ns in             |                   |
|                              | effect on October 19, 1976.                               |                       |                           |   |                     |                  |                   |                   |
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|                              | S   | UBSTITUT              | E PROGRAM                 |   | CARR                | AGE OCCU         | IRRED             | 7. REASON FOR     |
|                              | 1. TITLE OF PROGRAM                                       | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                   | 5. MONTH<br>AND DAY | 6. TII<br>FROM – | MES<br>- TO       | DELETION          |
|                              |   |                       |                           |   |                     |                  |                   |                   |
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| Accounting Period:                 | 2018/2  |                       |                                   | FORM S                                  | 6. SA1-2E. PAGE 6. |
|------------------------------------|---|-----------------------|-----------------------------------|---|--------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM ILLINOIS LLC   |                       |                                   | ę                                       | SYSTEM ID#         |
|                                    |   |                       |                                   |   | 34380              |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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 | /stem's s<br>n of how | econdary trans<br>to compute this | mission servi<br>s amount, sec<br>\$ 36 | ce                 |
|                                    | COPYRIGHT ROYALTY FEE   |                       |                                   |   |                    |
| L<br>Copyright<br>Royalty Fee      | <ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 b</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 b</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in</li> </ul>   | out less th           | nan \$527,600                     | \$263,800                               |                    |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,1  | 100 OR L              | ESS                               |   |                    |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00  | fee that yo           | ou must pay for                   | this six-month                          | 1                  |
|                                    | Line 1. Royalty fee for accounting period   |                       |                                   |   |                    |
|                                    | 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   | s 1 and 2             |                                   | ·                                       |                    |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS  |                       | ore than \$137,                   | 100)                                    |                    |
|                                    | 1. Base amount under statutory formula  |                       | 263,800.00                        |   |                    |
|                                    | 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 ar  | nd 8                  |                                   |   |                    |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8  | 300 (but l            | less than \$527                   | ,600)                                   |                    |
|                                    | 1. Enter the amount of gross receipts from space K  | ;                     | 367,965.46                        |   |                    |
|                                    | 2. Base amount under statutory formula  |                       | 263,800.00                        |   |                    |
|                                    | 3. Subtract line 2 from line 1  |                       | 104,165.46                        |   |                    |
|                                    | 4. Multiply line 3 by .01   | ••••••                | \$                                | 1,041.65                                |                    |
|                                    | 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  | 5, and 6 .            | •••••••                           | \$                                      | 2,360.65           |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE   |                       |                                   |   |                    |
|                                    |   |                       |                                   |   |                    |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   | · · · · · · · · ·     | \$                                | 2,360.65                                |                    |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | <u></u>               | \$                                | 20.00                                   |                    |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  |                       |                                   | \$                                      | 2,380.65           |
|                                    | Important: Your remittance must be in the form of an electronic payme<br>See page i of the general instructions in the paper SA1-2  |                       | -                                 |   | ghts!              |

| Accounting Period:                 | 2018/2   | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM ILLINOIS LLC  | SYSTEM ID#<br>34380 |
| M<br>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 which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services  | 52<br>53            |
| N<br>Individual to<br>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<br>Information         | Name Kenneth J. Kohrs Telephone  | 845-443-2762        |
|                                    | 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<br>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;  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner in line 1 of space B.  (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)]  X /s/ Kenneth J. Kohrs  Typed or printed name: Kenneth J. Kohrs | stem as identified  |
|                                    | Title: Vice President, Financial Reporting<br>(Title of official position held in corporation or partnership)  |                     |
|                                    | Date: 2/21/2019  |                     |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephon 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 Office's public indexes and 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 t 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

| unting Period: 2018/2  |   | FORM SA1-2E. PAGE  |
|--|---|--|
| L NAME OF OWNER OF CABLE SYSTEM:   |   | SYSTEM I   |
| DIACOM ILLINOIS LLC  |   | 3438   |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable a<br>service of providing secondary transmissions of primary broadcast transmitters, the syste<br>scribers and amounts collected from subscribers receiving secondary transmissions purs<br>For more information on when to exclude these amounts, see the note on page (vii) of the gener<br>located in the paper SA1-2 form.<br>During the accounting period, did the cable system exclude any amounts of gross receipts for see<br>made by satellite carriers to satellite dish owners? | system for the basic<br>im shall not include sub-<br>uant to section 119."<br>al instructions | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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 pay  |   |  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the  |   | Q  |
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|  |   | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  |   | Q<br>Interest Assessmen  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the  |   | <b>Q</b><br>Interest Assessme                                    |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  |   | <b>Q</b><br>Interest Assessme                                    |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | xdays   | <b>Q</b><br>Interest Assessme                                    |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment         Line 1 Enter the amount of late payment or underpayment         Line 2 Multiply line 1 by the interest rate* and enter the sum here  | ne paper SA1-2 form.<br>x   | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1         Line 1       Enter the amount of late payment or underpayment   | xdays   | <b>Q</b><br>Interest Assessme                                    |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | ne paper SA1-2 form.<br>x<br>x<br>x<br>x<br>days<br>-<br>x 0.00274<br>-                       | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | xdays<br>x 0.00274  | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | xdays<br>x 0.00274  | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | x   | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | x   | Q<br>Interest Assessme   |
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| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | x   | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment  | x   | Q<br>Interest Assessme   |

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