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

STATEMI	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)			<u>coplicsoa@loc.gov</u>
-	ictions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full c	orporate
Owner	List any other name or names under which	h the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty fe	e payment covering the entire accour		l submit a 27192
	LEGAL NAME OF OWNER/MAILING		1	
		SADDRESS OF CABLE STSTEM		
	Mediacom Southeast LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	ר)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite nu	imber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
^	INSTRUCTIONS: In line 1, give any busin	less or trade names used to ide	ntify the business and operation of th	ne system unless these
C	names already appear in space B. In line	2, give the mailing address of the	ne system, if different from the addre	ss given in space E
System	1			
	Mediacom Southeast LLC			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite nu	imber)		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Mediacom Southeast LLC	27192
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
rst	Colerain	NC
ity	Powellsville	NC
	Windsor	NC
essar	у полотополнополнополнополнополнополнополн	

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 2719
	Mediacom Southeast L	LC							2115
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	BERS AND RA	TES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		-	0,1		•		charged	
	separately for the particular serv Rate: Give the standard rate of							be and the	
	unit in which it is generally billed	-					-	-	
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	· · ·		0		,			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				• •		•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in th	e nym-	Hand DIOCK. A th		e-word descrip			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		436	40.49-49.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-49.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATES	s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services		,		0		0.0		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,,,,,				- 3,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				0	•	•		
	listed in block 1 and for which a brief (two- or three-word) descrip		·		snea. List	inese other ser	vices in the	e form of a	
								BLOOK A	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-resi		TUTE	0/11201		
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	79.4
	• Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00							
	• FM radio (if separate rate)		• Re	connect		29.00			
	• Converter	10.50	• Dis	sconnect					
				Itlet relocation		15.00-29.00			
			• Mc	ove to new addre	ess				

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM				
Name	Mediacom Southeast			27				
	PRIMARY TRANSMITTERS:							
G Primary ransmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.63(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WCTI/WCTI(HD) ABC	12	N	New Bern, NC				
	WEPX/WEPX (HD) ION	17		Jacksonville, MS				
	WHRO (PBS)	16	E	Hampton, VA				
d Rows as Necessary	WITN (MyNET)	32.2	I-M	Washington, NC				
	WITN/WITN(HD) NBC	32	N	Washington, NC				
	WITN-DT3 MeTV	32.3	I-M	Washington, NC				
	WNCT/WNCT(HD) CBS	10	N	Greenville, NC				
	WNCT-DT2 (CW)	10.2	I-M	Greenville, NC				
	WNCT-DT3 getTV	10.3	I-M	Greenville, NC				
	WSKY (IND)	9	<u> </u>	Maneto, VA				
	WUND/WUND(HD) PBS	20	E	Edenton, NC				
	WYDO/WYDO(HD) FOX	47	I	Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX		I 	Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX		I	Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX			Greenville, NC				
	WYDO/WYDO(HD) FOX							
	WYDO/WYDO(HD) FOX							
	WYDO/WYDO(HD) FOX							

counting Period:	2019/2			FORM SA1-2E. PAG				
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I				
Name	Mediacom Southeast	LLC		271				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	m during the accounting period, excep	g translator stations and low power tele ot (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under				
Primary	76.59(d)(2) and (4), 76.61(e)	e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain static	•				
Transmitters: Television	Substitute Basis Stations:		carried by your cable system on a subs	stitute program				
			the Special Statement and Program Lc	og)—if the				
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other							
			s, see page (v) of the general instruction					
			program services such as HBO, ESPN	•				
	"WETA-2" as the same on the	0	ne-air designation. For example, report	i multistream				
			evision station for broadcasting over th	e air in its community				
		RC is channel 4 in Washington, D.C.	Challen of Discussioning etc.					
			station, an independent station, or a n	oncommercial				
	educational station, by enter	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
		Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
		an Stations, it any, give the name of	the community with which the station is	s identinea.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Mediacom S		CABLE S' .LC						SYSTEM 271
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C item whenever it is received at wed at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated 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	
				p				

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Mediacom Southeast	LLC						27192
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident				-	tion that vo	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		reat of this no	an blank. If your anower i	- "Vee " veu	-	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 0		910
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, i	Love Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the			ls with the r	nonth
	first. Example: for May 7 gi		when you sy		e program. O	se numera		nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D" :(1	P. 6. 1.					·
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		your oyotonn n			o ana roga		
	c		E PROGRAM	A		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
								·
								,
							_	
							_	
							_	
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							_	
1			L					

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SY	YSTEM ID# 27192
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,553.81
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 1. Royalty ree for accounting period		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 \$137,1		02.00
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	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 informati		nts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Mediacom So	OWNER OF CABLE SYSTEM: utheast LLC				SYSTEM ID# 27192
M Channels	 to its subscribe Enter the tota system carried Enter the tota on which the other 	You must give (1) the number of rs, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television cast services	otal number of n the cable s broadcast stati	activated channels during the	accounting period.	18 65
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		TION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)		ber)		
	Email	Copyrights@me	ediacomcc.co	m	Fax (optional)	
O Certification	I, the undersign (Own X (Age ir (Offi ir I have examine are true, complet	I (This statement of account muthed, hereby certify that (Check on the other than corporation or p int of owner other than corporation line 1 of space B and that the o cer or partner) I am an officer (in line 1 of space B. ed the statement of account and the, and correct to the best of my tion 1001(1986)]	one, <i>but only one</i> partnership) I a ation or partne owner is not a co if a corporation) hereby declare	e, of the boxes.) m the owner of the cable system rship) I am the duly authorized prporation or partnership; or or a partner (if a partnership) o under penalty of law that all sta	n as identified in line 1 of space agent of the owner of the cable of the legal entity identified as ow atements of fact contained herein	system as identified /ner of the cable system
			Enter an electr	Kenneth J. Kohrs onic signature on the line above t using an "/s/ signature" (e.g., /s		
		Typed or printed	Vice Presi	nneth J. Kohrs dent, Financial Report	ting	
		(Title of of Date:	fficial position held	in corporation or partnership)	2/20/2020	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
diacom Southeast LLC	2719
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	-
x	-
	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - k - - k - - k 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	-
x	-
x	-
x	
x	
x	

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