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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/20

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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.
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. Box 334, 1102 N. Fourth Street
	-	(Number, street, rural route, apartment, or suite number)
		Chillicothe, IL 61523 (City, town, state, zip code)
	1	г· · ·
Briveou Act Notic	e Soctio	a 111 of title 17 of the United States Code authorizes the Conversity Offee to collect the personally identifying information /DII) requested on this

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 ILLINOIS LLC	27637
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 as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e nome parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	Tampico	IL
•		
ows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							2E. PAGE
Name	MEDIACOM ILLINOIS L		•					010	2763
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p	pace E should on of television	cover and ra	all categories of idio broadcasts	secondar by your sy	stem to subscri	bers. Give	information	
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Bott down by categories of secondar each category by counting the n separately for the particular serv	l (June 30 or D n blocks in spa y transmission umber of billing	ecemb ce E ca service gs in th	er 31, as the ca all for the numbe e. In general, yo at category (the	se may be r of subso u can com number c	e). rribers to the ca pute the numbe f persons or org	ble system er of subso ganizations	n, broken ribers in	
	Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	harged for eac . (Example: "\$ counts allowed i in space E, th	h cateo 20/mth' for adv e form	gory of service. I '). Summarize a vance payment. lists the categor	nclude bo ny standa ies of sec	th the amount of rate variation ondary transmis	of the char is within a ssion servi	particular rate ce that cable	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	e: Where an ir should be cou able service to once again unc has rate categ iers of services	nted as addition ler "Ser ories fo s that ir	al or organization a subscriber in nal sets would b rvice to addition or secondary tran nclude one or mo	n is receiv each app e includeo al set(s)." nsmission pre secon	ing service that licable category I in the count ur service that are dary transmission	falls unde 2. Example nder "Servi e different to ons), list th	r different : a residential ce to the from those nem, together	
	sufficient. BLC	DCK 1					BLOC	(2	
		NO. OF		D.175				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		68	40.49-52.04					
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial		0	40.49-52.04					
	Converter		•	40.43-32.04					
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) infe that are ons: you hished usually the cab stem fu ge was de the r	ormation with re e not offered in o u do not need to to nonsubscribe y billed. If any ra le system for ea irnished or offero made or establis	spect to a combination give rate rs. Rate in tes are ch ch of the ed during	on with any seco information con formation shou arged on a vari applicable servi the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi	dential		_		_
	Pay cable Pay cable—add'l channel	PP PP		otel, hotel mmercial			Family		81.9
	Fire protection Burglar protection		•Pa	y cable y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	 Additional set(s) 	15.00-49.00	Other	services:					
	 FM radio (if separate rate) Converter 	10.50		econnect sconnect		49.00			
			• Ou	Itlet relocation		15.00-49.00			

		OADLE OVOTEM.		SYSTEM
Name				276 276
	MEDIACOM ILLINOIS			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WM Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.05 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. Ilso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>it</i> (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried 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 instructi 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 or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGCW/KGCW(HD) CW	41	1	BURLINGTON, IA
	KGCW-DT2 ThisTV	41.2	I-M	BURLINGTON, IA
d Rows as Necessary	KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
	KGCW-DT4 Bounce TV	41.4	I-M	BURLINGTON, IA
	KIIN/KIIN(HD) PBS	12	E	IOWA CITY, IA
	KIIN-DT2 KIDS HD	12.2	E-M	IOWA CITY, IA
	KIIN-DT3 WORLD	12.3	E-M	IOWA CITY, IA
	KIIN-DT4 PBS Create	12.4	E-M	IOWA CITY, IA
	KLJB/KLJB (HD) FOX	49	1	Davenport, IA
	KLJB-DT2 METV	49.2	I-M	DAVENPORT, IA
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA
	KWQC-DT3 Cozi TV	36.3	I-M	DAVENPORT, IA
	KWQC-DT4 H&I	36.4	I-M	DAVENPORT, IA
	KWQC-DT5 Start TV	36.5	I-M	DAVENPORT, IA
	KWQC-DT5 Start TV WHBF/WHBF(HD) CBS	<u>36.5</u> 4	I-M N	DAVENPORT, IA Rock Island, IL
	WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit	4.3	N I-M	Rock Island, IL Rock Island, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit WHBF-DT4 Escape	4 4.3 4.4 8	N I-M I-M	Rock Island, IL Rock Island, IL Rock Island, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit WHBF-DT4 Escape WMWC (TBN) HD	4 4.3 4.4 8	N I-M I-M	Rock Island, IL Rock Island, IL Rock Island, IL GALESBURG, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit WHBF-DT4 Escape WMWC (TBN) HD WMWC-DT2 Hillsong Channe	4 4.3 4.4 8 8.2	N i-M i-M i i i i i i i i i i i i i	Rock Island, IL Rock Island, IL Rock Island, IL GALESBURG, IL GALESBURG, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit WHBF-DT4 Escape WMWC (TBN) HD WMWC-DT2 Hillsong Channe WMWC-DT3 JUCE TV	4 4.3 4.4 8 8.2 8.3	N I-M I I I-M I-M	Rock Island, IL Rock Island, IL Rock Island, IL GALESBURG, IL GALESBURG, IL
	WHBF/WHBF(HD) CBS WHBF-DT3 Grit WHBF-DT4 Escape WMWC (TBN) HD WMWC-DT2 Hillsong Channe WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA	4 4.3 4.4 8 8.2 8.3 8.3 8.4	N M M M M M M	Rock Island, IL Rock Island, IL Rock Island, IL GALESBURG, IL GALESBURG, IL GALESBURG, IL

				OVOTEN
Name	LEGAL NAME OF OWNER OF C			SYSTEM 27
	MEDIACOM ILLINOIS L			21
	PRIMARY TRANSMITTERS: T	ELEVISION		
G		tify every television station (including	•	,
0		during the accounting period, <i>except</i> effect on June 24, 1981, permitting th		
Primary	5	(2) and (4), or 76.63 (referring to 76.6	5	6 I
ransmitters:	substitute program basis, as e	explained in the next paragraph.		
Television		With respect to any distant stations ca	arried by your cable system on a	substitute program
		es, regulations, or authorizations: in space G—but do list it in space I (th	e Special Statement and Progra	m Log)—if the
	station was carried only on a			
		so in space I, if the station was carried	d both on a substitute basis and a	also on some other
		concerning substitute basis stations,		
		s call sign. <i>Do not</i> report origination p with a station according to its over-the	-	-
	"WETA-2" as the same on the	8	-all designation. Tor example, it	port mulusueam
		number the FCC assigned to the tele	vision station for broadcasting ov	er the air in its community
		C is channel 4 in Washington, D.C.		
	Column 3: Indicate in each c	ase whether the station is a network s	•	
	Column 3: Indicate in each c educational station, by enterin	case whether the station is a network s ng the letter "N" (for network), "N-M" (for network multicast), "I" (for ind	ependent), "I-M"
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "f	ase whether the station is a network s	for network multicast), "I" (for ind or "E-M" (for noncommercial educ	ependent), "I-M"
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stat	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia	ease whether the station is a network s ng the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ns, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stat	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN	ease whether the station is a network sing the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of the stations of the station station is a station of the station station station station stations if any, give the name of the station station station station stations is a station stations, station station stations, if any, give the name of the station static stati	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "F For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD)	ease whether the station is a network s ing the letter "N" (for network), "N-M" (E" (for noncommercial educational), o ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.3	for network multicast), "I" (for ind or "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati the community with which the stat 3. TYPE OF STATION I-M	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION MOLINE, IL
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruor of each station. For U.S. stations, list an stations, if any, give the name of the stations, if any, give the name of the station are stations, and st	for network multicast), "I" (for ind or "E-M" (for noncommercial educ actions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION MOLINE, IL MOLINE, IL
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network WQPT/WQPT(HD) PBS	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruof each station. For U.S. stations, list an stations, if any, give the name of the stations of the station and stations are statical and stations and statical a	for network multicast), "I" (for ind or "E-M" (for noncommercial educ citions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M E	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network WQPT/WQPT(HD) PBS	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruof each station. For U.S. stations, list an stations, if any, give the name of the stations of the station and stations are statical and stations and statical a	for network multicast), "I" (for ind or "E-M" (for noncommercial educ citions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M E	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network WQPT/WQPT(HD) PBS	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruof each station. For U.S. stations, list an stations, if any, give the name of the stations of the station and stations are statical and stations and statical a	for network multicast), "I" (for ind or "E-M" (for noncommercial educ citions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M E	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network WQPT/WQPT(HD) PBS	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruof each station. For U.S. stations, list an stations, if any, give the name of the stations of the station and stations are statical and stations and statical a	for network multicast), "I" (for ind or "E-M" (for noncommercial educ citions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M E	ependent), "I-M" ational multicast). on is licensed by the ion is identified.
	Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WQAD-DT3/WQAD-DT3 (HD) WQAD-DT4 Justice Network WQPT/WQPT(HD) PBS	ease whether the station is a network song the letter "N" (for network), "N-M" (E" (for noncommercial educational), ons, see page (iv) of the general instruof each station. For U.S. stations, list an stations, if any, give the name of the stations of the station and stations are statical and stations and statical a	for network multicast), "I" (for ind or "E-M" (for noncommercial educ citions in the paper SA1-2 form. the community to which the stati ne community with which the stat 3. TYPE OF STATION I-M I-M E	ependent), "I-M" ational multicast). on is licensed by the ion is identified.

EGAL NAME OI			ISTEM:					SYSTEM I 276
	t every radio s	tation 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: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i	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	
		5,0	LOOKHON OF STATION			5,0	LOOMING OF STATION	
							·	

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27637
	SUBSTITUTE CARRIAG				<u>.</u>			
1					-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	 During the accounting per 	-			isis. anv noni	network tel	evision proa	ram
Statement and Program Log	broadcast by a distant sta	-	,	<i>,</i>	, ,	Γ	YES	× NO
Program Log	-					L	-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidle, it t	neir meaning	g is
				vision program ("substitute	e program") t	hat. durina	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cahle syste	m List the	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID#
			27637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5,138.31 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 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	this six-mon	
	accounting period is \$52.00		
	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 \$137,1		
	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)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	2. Base amount under statutory formula 3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	Wildingly line 5 by .01 S. 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		
	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		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ILLINOIS LLC	SYSTEM ID# 27637
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	35 63
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845-4	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	I, the undersig (Ow X (Age i I have examinare true, complete	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] 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: 8/12/2020	

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 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 Office'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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ILLINOIS LLC	2763
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	n n n
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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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