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 by email to:

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

DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 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
		(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 E
System	4	IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. Box 334, 1102 N. Fourth Street
	2	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523
		(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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		
	MEDIACOM ILLINOIS LLC	275
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First	Dallas City	IL
First		
Community	Lomax	IL IL
	Pontoosuc	IL
d Rows as Necessary	ROSEVILLE	IL
u nows as necessary		
	OQUAWKA	IL.
	NAUVOO	IL IL
	STRONGHURST	IL
		-

	LEGAL NAME OF OWNER OF CA						FORM SA1		
Name							010	2754	
	MEDIACOM ILLINOIS LI	_0							
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS	AND RATES					
E	In General: The information in s		-		•				
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Secondary Transmission	last day of the accounting period					lnose exis	ing on the		
Service: Sub-	Number of Subscribers: Both					ble system	ı, broken		
scribers and	down by categories of secondary	y transmission	service. In gen	eral, you can co	mpute the numb	er of subsc	ribers in		
Rates	each category by counting the n						s charged		
	separately for the particular serv Rate: Give the standard rate c						no and the		
	unit in which it is generally billed								
	category, but do not include disc					is within a			
	Block 1: In the left-hand block				condary transmi	ssion servi	ce that cable		
	systems most commonly provide								
	that applies to your system. Not		-		-				
	categories, that person or entity subscriber who pays extra for ca			•		•			
	first set" and would be counted of								
	Block 2: If your cable system					e different f	rom those		
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-hand blo	ock. A two- or thr	ree-word descript	ion of the s	service is		
	sufficient.	DCK 1				BLOCK	()		
		NO. OF					NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RA	TE CAT	FEGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:		E32 20 00	74.40					
	Service to first set		533 29.99-	(4.49					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0 29.99-	(4.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS	: RATES					
-	In General: Space F calls for rat				all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are not off	ered in combinat	tion with any sec	ondary trar	nsmission		
0	service for a single fee. There ar	•		•			,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually billed.				rogram baolo,		
ransmissions:	Block 1: Give the standard rat	te charged by t	•						
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two, or three word) description and include the rate for each								
	brief (two- or three-word) description and include the rate for each.						11		
		BLO RATE			DATE		BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY C	lon-residential	RATE	CATEGO	DRY OF SERVICE	RATE	
	• Pay cable	PP	• Motel, hote			Family	Cable	84.9	
	Pay cable—add'l channel	PP	Commercia			. anny	Capic	04.5	
	Fire protection	FF	Pay cable						
	·		-	add'l channal					
	•Burglar protection Installation: Residential		Fire protect	add'l channel					
	First set	00.00	•						
		99.99 15.00-49.00	 Burglar pro Other service 						
	 Additional set(s) 	15.00-49.00	Reconnect		49.00				
	• FM radio (if congrate rate)		- iseculuec		49.00				
	FM radio (if separate rate)	40.50							
	 FM radio (if separate rate) Converter 	10.50	 Disconnec 	t					
	, , ,	10.50		t cation	15.00-49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS			275
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ider 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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station" multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	tify every television station (including during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (fr a substitute basis. so in space I, if the station was carried o concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th e form. number the FCC assigned to the tele C is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instri of each station. For U.S. stations, lis	g translator stations and low power tel of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t is station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGCW (CW)	13	Ι	Davenport, IA
	KHQA/KHQA(HD) CBS	7	N	HANNIBAL, MO
	KHQA-DT2/KHQA-DT2 (HD) A	7.2	N-M	HANNIBAL, MO
d Rows as Necessary	KHQA-DT3 Comet	7.3	I-M	HANNIBAL, MO
	KIIN (PBS)	12	E	Iowa City, IA
	KLJB/KLJB(HD) FOX	49	I	DAVENPORT, IA
	KTVO (ABC)	33	N	OTTUMWA, IA
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA
	KWQC-DT3 Cozi	36.3	I-M	Davenport, IA
	KWQC-DT4 H&I	36.4	I-M	Davenport, IA
	KWQC-DT5 Start TV	36.4 36.5	I-M I-M	Davenport, IA Davenport, IA
	KWQC-DT5 Start TV	36.5	I-M	Davenport, IA
	KWQC-DT5 Start TV KYOU (FOX)	36.5 15	I	Davenport, IA OTTUMWA, IA
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC	36.5 15 10	I-M I N	Davenport, IA OTTUMWA, IA Quincy, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW)	36.5 15 10 10.2	I-M I N I-M	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD)	36.5 15 10 10.2 10.3	I-M I N I-M I-M	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD)	36.5 15 10 10.2 10.3 10.4	I-M I N I-M I-M I-M	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS	36.5 15 10 10.2 10.3 10.4 7	I-M I N I-M I-M I-M N	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Quincy, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WHBF-DT2 Court TV	36.5 15 10 10.2 10.3 10.4 7 7.2	I-M I N I-M I-M I-M N I-M	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL Rock Island, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WMEC/WMEC(HD) PBS	36.5 15 10 10.2 10.3 10.4 7 7.2 21	I-M I N I-M I-M I-M I-M E	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL Rock Island, IL MACOMB, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WMEC/WMEC(HD) PBS WMEC-DT2 PBS WORLD	36.5 15 10 10.2 10.3 10.4 7 7.2 21 21.2	I-M I N I-M I-M I-M N I-M E E E-M	Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL Rock Island, IL MACOMB, IL
	KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WMEC/DT2 Court TV WMEC-DT2 PBS WORLD WMEC-DT3 Create	36.5 15 10 10.2 10.3 10.4 7 7 7.2 21 21.2 21.3	I-M I N I-M I-M I-M I-M E E E-M E-M	Davenport, IA OTTUMWA, IA Quincy, IL MacomB, IL MACOMB, IL

	: 2020/2			OVOTEM				
Name	LEGAL NAME OF OWNER O			SYSTEM				
	MEDIACOM ILLINOIS			275				
	PRIMARY TRANSMITTERS:	TELEVISION						
~	•	entify every television station (including	•	,				
G		m during the accounting period, <i>except</i>						
During a ma		in effect on June 24, 1981, permitting th (4) and (4) are 76.62 (referring to 76.62)						
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(e)(2) and $(4));$ and (2) certain st	ations carried on a				
Television	10	: With respect to any distant stations ca	rried by your cable system on a su	ubstitute program				
		ules, regulations, or authorizations:		1 0				
		e in space G—but do list it in space I (th	e Special Statement and Program	n Log)—if the				
	station was carried only or							
		also in space I, if the station was carried on concerning substitute basis stations,						
		n's call sign. <i>Do not</i> report origination p						
		d with a station according to its over-the	c					
	"WETA-2" as the same on							
		el number the FCC assigned to the telev	vision station for broadcasting ove	r 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						
		ering the letter "N" (for network), "N-M" (for network)	•					
		, "E" (for noncommercial educational), o						
	For the meaning of these to	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.					
		on of each station. For U.S. stations, list	•					
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the statio	on is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN WQAD-DT2 Antenna	2. B'CAST CHANNEL NUMBER 38.2	3. TYPE OF STATION	4. LOCATION OF STATION Moline, IL				
	WQAD-DT2 Antenna	38.2	I-M	Moline, IL				
	WQAD-DT2 Antenna WQAD-DT3 MyNet	38.2 38.3	I-M	Moline, IL Moline, IL				
	WQAD-DT2 Antenna WQAD-DT3 MyNet	38.2 38.3	I-M	Moline, IL Moline, IL				
	WQAD-DT2 Antenna WQAD-DT3 MyNet	38.2 38.3	I-M	Moline, IL Moline, IL				
	WQAD-DT2 Antenna WQAD-DT3 MyNet	38.2 38.3	I-M	Moline, IL Moline, IL				

EGAL NAME OF			YSIEM:					SYSTEM 27
	every radio s	tation ca	arried on a separate and discrence of the second seco					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at 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 ant this point, see pa ed by the cable he station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st jeneral in eparate	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	
						<u> </u>		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						 		
						<u> </u>		
						 		
						<u> </u>		
					1			

Accounting Period: 2020/2 FORM SA1-2E						VI SA I-ZE. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27541
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
I I	In General: In space I, ident	-	-			tion that y	our cable ave	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programn	01	<i>'</i>	•	, 0	,		
Carriage:	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting per	-			asis any nonr	network te	levision nroa	ram
Statement and				in ourly, on a substitute be	abio, any norm			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.			(i) (ii) (iii)	()			
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car							
			y when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ned by a system from 6.0	1:15 p.m. to b	.28:30 p.n	n. should be	
	Stated as 0.00-0.00 p.m.							
	Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ured
	Column 7: Enter the lett to delete under FCC rules			m was substituted for prog luring the accounting perio				
	to delete under FCC rules a was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	to delete under FCC rules	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	to delete under FCC rules a was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed pro lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o	during the accounting periodial values of the second second second second second second second second second se	od; enter the l der FCC rules WHE	etter "P" if	f the listed pro- lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that	tions in effect of your system w	during the accounting period	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed pro lations in TTUTE CURRED	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC		S	YSTEM ID# 27541
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm to compute this a	ission service amount, see	8,435.78 pss receipts)
L Copyright Royalty Fee	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 the • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period	5		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	nore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	178,435.78		
	3. Subtract line 2 from line 1 \$	85,364.22		
	4. Enter the amount of gross receipts from space K	\$	78,435.78	
	5. Enter the amount from line 3		85,364.22	
	6. Subtract line 5 from line 4		93,071.56	
	7. Multiply line 6 by .005 (enter figure here)			465.36
	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		\$	465.36
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	·		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01	· · <u> </u>		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	465.36	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	485.36
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f			hts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF MEDIACOM IL	OWNER OF CABLE SYSTEM: LINOIS LLC	SYSTEM ID# 27541
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.	37
		cast services	72
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name		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 Certification	I, the undersign (Own (Ager in (Offic in I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	system as identified ner of the cable system
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 2/15/2021	

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 fing, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM ILLINOIS LLC	2754
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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below \$	
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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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