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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33224
		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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 N. Fourth Street, PO Box 334 (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 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	332
	Instructions: List each separate community served by the cable system. A "cor	
_	"a separate and distinct community or municipal entity (including unincorpora	
D		
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	obile home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Leroy	IL
Community	DOWNS	IL
	BLOOMINGTON	IL
d Rows as Necessary	BELLFLOWER	
	SAYBROOK	IL
	COLFAX	IL
	Downs Subdiv	
	Anchor	L

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID								
Name	MEDIACOM ILLINOIS LI								3322
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable	
—	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,	'		,		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n							charged	
	separately for the particular server Rate: Give the standard rate of							re 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			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity	should be cour	nted as	a subscriber i	n each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca						ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system						different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-l	nand block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: Service to first set		924	30.49-74.49					
	Service to additional set(s)		034	30.49-/4.49					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	30.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscrib	per) info	ormation with r	espect to a	all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
Rates	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.								
	bilei (two- of tillee-word) descrip		BLOCK 1					BLOCK 2	
		BLO	CK 1					DECONZ	
	CATEGORY OF SERVICE	BLO0 RATE	CATE	GORY OF SEF	-	RATE	CATEGO	DRY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services:	RATE	CATE(ation: Non-res	-	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE PP	CATE Install • Mo	ation: Non-res tel, hotel	-	RATE	CATEGO Family	DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATE Install • Mo • Co	ation: Non-res tel, hotel mmercial	-	RATE		DRY OF SERVICE	84.9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	CATEC Install • Mo • Co • Pa	ation: Non-res tel, hotel mmercial y cable	idential	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE PP	CATEC Install • Mo • Co • Pa • Pa	ation: Non-res tel, hotel mmercial y cable y cable-add'l c	idential	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	CATEC Install • Mo • Co • Pa • Pa • Fire	ation: Non-res tel, hotel mmercial y cable	nannel	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	PP PP	CATEC Install • Mo • Co • Pa • Pa • Firo • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection	nannel	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 99.99	CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	nannel	RATE 49.00		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 99.99	CATEC Install • Mo • Co • Pa • Pa • Fird • Bu Other • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	nannel			DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE PP PP 99.99 15.00-49.00	CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect	nannel			DRY OF SERVICE	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM I			
Name	MEDIACOM ILLINOIS			3322			
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 rul • 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, WF Column 3: Indicate in each	ntify every television station (including in during the accounting period, <i>excep</i> in 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 c es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial			
	(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.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WAND (NBC)	17	N	Decatur, IL			
	WAOE/ WAOE HD (MYNET)	39	I	PEORIA, IL			
d Rows as Necessary	WCIA (CBS)	48	N	Champaign, IL			
	WEEK/WEEK (HD) NBC	25	N	PEORIA, IL			
	WEEK/WEEK (HD) NBC WEEK-DT2/WEEK-DT2(HD)A	25 25.2	N N-M	PEORIA, IL PEORIA, IL			
	WEEK-DT2/WEEK-DT2(HD)A	25.2	N-M	PEORIA, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H	25.2 25.3	N-M I-M	PEORIA, IL PEORIA, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET	25.2 25.3 19	N-M I-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS	25.2 25.3 19 9	N-M I-M I E	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World	25.2 25.3 19 9 9.2	N-M I-M E E E-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create	25.2 25.3 19 9 9.2 9.3	N-M I-M E E-M E-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD/WMBD (HD) CBS	25.2 25.3 19 9 9.2 9.3 30	N-M i-M i E E-M E-M N	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce	25.2 25.3 19 9 9.2 9.3 30 30.2	N-M I-M I E E-M E-M N I-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce WMBD-DT3 LAFF WMBD-DT4 ESCAPE	25.2 25.3 19 9 9.2 9.3 30 30.2 30.3	N-M i-M i E E-M E-M N i-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL-WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce WMBD-DT3 LAFF WMBD-DT4 ESCAPE WTVP/WTVP (HD) PBS	25.2 25.3 19 9 9.2 9.3 30 30.2 30.2 30.3 30.4 46	N-M i-M i E E-M E-M N i-M i-M i-M E	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WTVP/WTVP (HD) PBS	25.2 25.3 19 9 9.2 9.3 30 30.2 30.3 30.4 46 46.2	N-M i-M i E E-M E-M N i-M i-M i-M E E E E E E E E	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL-WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD-DT3 PBS Create WMBD-DT2 Bounce WMBD-DT4 ESCAPE WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS	25.2 25.3 19 9 9.2 9.3 30 30.2 30.2 30.4 46 46.2 46.3	N-M i-M i E E-M E-M N i-M i-M i-M E-M E-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL/WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD-DT3 PBS Create WMBD-DT3 LAFF WMBD-DT4 ESCAPE WTVP/WTVP (HD) PBS WTVP-DT3 PBS KIDS WTVP-DT3 PBS World	25.2 25.3 19 9 9.2 9.3 30 30.2 30.3 30.4 46 46.2 46.3 46.4	N-M i-M i E E-M E-M N i-M i-M i-M E E E E E E E E	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL			
	WEEK-DT2/WEEK-DT2(HD)A WEEK-DT3/WEEK-DT3 CW(H WHOI (HD) COMET WILL-WILL (HD) PBS WILL-DT2 PBS World WILL-DT3 PBS Create WMBD-DT3 PBS Create WMBD-DT2 Bounce WMBD-DT4 ESCAPE WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS	25.2 25.3 19 9 9.2 9.3 30 30.2 30.2 30.4 46 46.2 46.3	N-M i-M i E E-M E-M N i-M i-M i-M E-M E-M	PEORIA, IL PEORIA, IL CREVE COEUR, IL Urbana, IL Urbana, IL Urbana, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL			

EGAL NAME OF			. . . Lin.					SYSTEM 33
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n'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 processes 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 pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	
					·			
			·					
			·					
			·					

Accounting Perio	od: 2020/2						FORI	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						33224
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast b	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							ram
Statement and	broadcast by a distant sta		,	<i>,</i>	, ,			× NO
	-						YES	
	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 com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llaa abbraviation	a whorever p	oooiblo if	their meenin	a io
	In General: List each subs clear. If you need more spa				s wherever p	ussible, li	meir meaning	y is
				vision program ("substitute	e program") t	hat. during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	eneral instruct	ions for fu	irther informa	tion.
	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.			۵ <u>۷</u> ۳ ΟΙΙ				
				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							
				stem carried the substitute			als, with the r	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	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.r	n. snould be	
	stated as 0.00–0.30 p.m.					vour evel	em was reau	uired
	Column 7: Enter the left	ter "R" if the	e listed prodrar	n was substituted for brod	irammind thai			
	Column 7: Enter the lett to delete under FCC rules							
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulat	ions in effect o	luring the accounting perio	od; enter the l	etter "P" i	f the listed pr	
	to delete under FCC rules	and regulat nming that	ions in effect o	luring the accounting perio	od; enter the l	etter "P" i	f the listed pr	
	to delete under FCC rules a was substituted for program	and regulat nming that	ions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" in and regu	f the listed pr lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect of your system w	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" in and regu	f the listed prilations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" in and regu N SUBST AGE OCC	f the listed prilations in	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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr 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?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	etter "P" in and regun N SUBST AGE OCC	f the listed pr lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC		S	YSTEM ID# 33224
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ama all amounts (gross receipts) paid to your cable system by subscribers for the system's s (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.	econdary transm to compute this a	ission service amount, see	1,421.15 sss 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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	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 accounting period is \$52.00 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 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula\$	263,800.00		
	2. Enter amount of gross receipts from space K \$	201,421.15		
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		201,421.15	
	5. Enter the amount from line 3		62,378.85	
	6. Subtract line 5 from line 4			005.04
	7. Multiply line 6 by .005 (enter figure here)			695.21
	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		\$	695.21
	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			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01		4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	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)	. \$	695.21	
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		\$	715.21
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			hts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: INOIS LLC	SYSTEM ID# 33224
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	28 61
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.) Kenneth J. Kohrs	845-443-2762
Information	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 undersigne (Owne X (Agent in I (Office in I I have examined		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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ILLINOIS LLC	3322
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."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	-
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
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	
ID number	
First community served	

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 th 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.