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.	27497
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		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 s 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 INDIANA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	MEDIACOM INDIANA LLC	274
	Instructions: List each separate community served by the cable system. A "communi	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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	nome parks should be reported in parentheses below the
Area		ionie parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Кпох	IN
Community	CULVER	
community		IN
	FRANCESVILLE	IN
d Rows as Necessary	LAKEVILLE	IN
	MARSHALL	IN
	North Judson	IN
		1
	San Pierre	IN
	Walkerton	IN
	Lapaz	IN
	St. Joseph	IN
	N. Liberty	IN
	Grovertown	IN
	Koontz Lake	IN
	Starke County	IN
	Medaryville	IN

	EGAL NAME OF OWNER OF CABLE SYSTEM:								
Name		-						0.0	TEM IC 2749
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable								
-	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period						h.l	h u s lu s u	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar							,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	rice at the rate i	indicate	ed-not the nu	mber of se	ts receiving service	vice).	-	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·		,		ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide							5,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	er "Ser	vice to additior	nal set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a					,	,,	, 0	
	sufficient.	and rates, in the	e ngnt-r	Iand Diock. A L	wo- or thre	e-word descrip	lion of the s	service is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	JUBJCKIDI	LNG		CAT		VICL	SUBSCRIBERS	1041
	Service to first set		1.903	29.95-89.99					
	Service to additional set(s)		.,						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-89.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t						-		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than									
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
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.								
		BLOO	ר אר 1		BLOCK 2				
				GORY OF SEF	VICE	RATE	CATEGO	DRY OF SERVICE	RATI
	CATEGORY OF SERVICE	RATE							
	CATEGORY OF SERVICE Continuing Services:	RATE	Install	ation: Non-res	sidential				
		RATE PP		ation: Non-res tel, hotel	sidential		Family	Cable	84.9
	Continuing Services:		• Mo		sidential		Family	Cable	84.9
	Continuing Services: • Pay cable	PP	• Mo • Co	tel, hotel	sidential		Family	Cable	84.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	PP	• Mo • Co • Pa	tel, hotel mmercial			Family	Cable	84.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	PP	• Mo • Co • Pa • Pa	tel, hotel mmercial y cable			Family	Cable	84.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	PP	• Mo • Co • Pa • Pa • Fire	tel, hotel mmercial y cable y cable-add'l cl	hannel		Family	Cable	84.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	PP PP 99.99	• Mo • Co • Pa • Pa • Fire • Bu	tel, hotel mmercial y cable y cable-add'l cl e protection	hannel		Family	Cable	84.9
	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)	PP PP 99.99 15.00-49.00	• Mo • Co • Pa • Pa • Fird • Bu • Bu • Re	tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	hannel	49.00	Family	Cable	84.5
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	PP PP 99.99	• Mo • Co • Pa • Pa • Fire • Bu • Bu • Re • Dis	tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect connect	hannel		Family	Cable	84.9
	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)	PP PP 99.99 15.00-49.00	• Mo • Co • Pa • Pa • Fire • Bur • Bur • Re • Dis • Ou	tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	hannel I	49.00	Family	Cable	84.5

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM INDIANA I	LLC		274					
	PRIMARY TRANSMITTERS: TELEVISION								
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 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 channe 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	a during the accounting period, except of effect on June 24, 1981, permitting f (2) and (4), or 76.63 (referring to 76.1 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 (a substitute basis. Iso in space I, if the station was carried or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel RC 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 instr- of each station. For U.S. stations, lis	g translator stations and low power tel bt (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 c, see page (v) of the general instruction program services such as HBO, ESP re-air designation. For example, repo evision station for broadcasting over t c 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. It he community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program .cg)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBND/WBND(HD) ABC	49	N	SOUTH BEND, IN					
	WBND-DT2 MeTV	49.2	I-M	SOUTH BEND, IN					
d Rows as Necessary	WBND-DT3 Movies	49.3	I-M	SOUTH BEND, IN					
dd Rows as Necessary		27							
	WCWW/WCWW (HD) (CW)	21		SOUTH BEND, IN					
	WCWW/WCWW (HD) (CW) WCWW-DT2 Start TV	27.2	I-M	SOUTH BEND, IN					
	WCWW-DT2 Start TV								
	WCWW-DT2 Start TV WFLD (FOX)	27.2	I-M	SOUTH BEND, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46)	27.2 31	I-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX)	27.2 31 48	I-M I	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo	27.2 31 48 39 39.2	I I I I I I-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN SOUTH BEND, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades	27.2 31 48 39 39.2 39.3	I-M I I I I-M I-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC	27.2 31 48 39 39.2 39.3 39.3 42	I-M I I I I-M I-M N	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna	27.2 31 48 39 39.2 39.3 42 42.2	I-M I I I I-M I-M I-M N I-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Circle	27.2 31 48 39 39.2 39.3 42 42.2 42.3	i-M i i i i-M i-M i-M i-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN SOUTH BEND, IN South Bend, IN South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS	27.2 31 48 39 39.2 39.3 42 42.2 42.2 42.3 35	I-M I I I I-M I-M I-M I-M I-M I-M I-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT2 InFocus	27.2 31 48 39 39.2 39.3 42 42.2 42.2 42.3 35 35.2	I-M I I I I I-M I-M I-M I-M I-M I-M E E E-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT2 InFocus WNIT-DT3 PBS Kids HD	27.2 31 48 39 39.2 39.3 42 42.2 42.2 42.3 35 35.2 35.3	i-M i i i i i-M i-M i-M i-M i-M i-M i-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN SOUTH Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT3 InFocus WNIT-DT2 InFocus	27.2 31 48 39 39.2 39.3 42 42.2 42.3 35 35.2 35.3 35.5	I.M I. I. I. I.M I.M I.M I.M I.M I.M E. E. E.M E.M E.M	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT2 InFocus WNIT-DT2 InFocus WNIT-DT3 PBS Kids HD WNIT-DT5 WORLD WSBT/WSBT (HD) CBS	27.2 31 48 39 39.2 39.3 42 42.2 42.2 42.3 35 35.2 35.3 35.5 22	I-M I I I I I I I I M I-M I-M I-M I-M E E E E M E E-M E-M E-M N	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Antenna WNDU-DT3 Circle WNIT-DT3 Circle WNIT-DT3 PBS Kids HD WNIT-DT5 WORLD WSBT/WSBT (HD) CBS	27.2 31 48 39 39.2 39.3 42 42.2 42.3 35 35.3 35.2 35.3 35.5 22 22.2	I-M I I I I I I I I M I-M I-M I E E E E M E E M E E M E -M E I M	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT3 InFocus WNIT-DT3 InFocus WNIT-DT3 PBS Kids HD WNIT-DT5 WORLD WSBT/WSBT (HD) CBS WSBT-DT2/WSBT-DT2 FOX (I WSJV (FOX)	27.2 31 48 39 39.2 39.3 42 42.2 42.3 35 35.2 35.3 35.5 22 22 22.2 29	i-M i i i i i-M i-M i-M i-M i-M i-M i E E E -M E-M E-M i i i i i i i i i	SOUTH BEND, IN CHICAGO, IL South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT3 PBS Kids HD WNIT-DT3 PBS Kids HD WNIT-DT5 WORLD WSBT/WSBT (HD) CBS WSBT-DT2/WSBT-DT2 FOX (I WSJV (FOX) WSJV/WSJV(HD) H&I	27.2 31 48 39 39.2 39.3 42 42.2 42.2 42.3 35 35.3 35.2 35.3 35.5 22 22.2 29 28	i-M i-M i i i i i-M i-M i-M i-M i-M i-M	SOUTH BEND, IN CHICAGO, IL South Bend, IN South Bend, IN					
	WCWW-DT2 Start TV WFLD (FOX) WHME (IND 46) WMYS/WMYS (HD)MyNet WMYS-DT2 Telemundo WMYS-DT3 Decades WNDU/WNDU(HD) NBC WNDU-DT2 Antenna WNDU-DT3 Circle WNIT/WNIT(HD) PBS WNIT-DT3 InFocus WNIT-DT3 InFocus WNIT-DT3 PBS Kids HD WNIT-DT5 WORLD WSBT/WSBT (HD) CBS WSBT-DT2/WSBT-DT2 FOX (I WSJV (FOX)	27.2 31 48 39 39.2 39.3 42 42.2 42.3 35 35.2 35.3 35.5 22 22 22.2 29	i-M i i i i i-M i-M i-M i-M i-M i-M i E E E -M E-M E-M i i i i i i i i i	SOUTH BEND, IN CHICAGO, IL South Bend, IN					

ccounting Period:	: 2020/2			FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II
Name	MEDIACOM INDIANA	2749		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the the form. nel number the FCC assigned to the televice.	(1) stations carried only on a part-the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESP e-air designation. For example, repo	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each tort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for indeporter or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSJV-DT5 Quest	28.5	I-M	South Bend, IN
	WSJV-DT6 Bounce TV			
	W35V-D10 Bounce IV	28.6	I-M	South Bend, IN

LEGAL NAME OF			ISIEM:					SYSTEM 274
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eccivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	v 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 pyright Office regulations on t each station carried. n 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral 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	
						0,0		
					·			
						 		
						7		

Accounting Perio	d: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM INDIANA	LLC						27497
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast by	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta						YES	× NO
Program Log	5						-	
	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 SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever n	nssihle if	their meanin	n is
	clear. If you need more spa				s wherever p	5551016, 11		y 13
				vision program ("substitute	e program") tl	nat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			adcast live ent	er "Yes." Otherwise enter	"No "			
				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		o cubatituto pr	ogram was carried by you	r cable system	m lict the	timos accur	atoly
	to the nearest five minutes.							alely
	stated as "6:00–6:30 p.m."		a program oar			.20.00 p.1		
			e listed prograr	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	iired
				ы	d' ontor the l	ottor "D" if	the listed or	
	to delete under FCC rules a							ogram
	was substituted for prograr	mming that						ogram
		mming that						ogram
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	was substituted for prograr effect on October 19, 1976	UBSTITUT	your system w	ras permitted to delete und	der FCC rules	and regu	Iations in	
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Accounting Period:	2020/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC		:	8YSTEM ID# 27497
				2/49/
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transm w to compute this a	ission service amount, see \$ 40	
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for	this six-mon	
	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 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K	· · · · <u>· · · · · · · · · · · · · · · </u>		
	5. Enter the amount from line 3	· · · · <u> </u>		
	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 (b	out less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	466,886.12		
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	203,086.12	-	
	4. Multiply line 3 by .01	\$	2,030.86	
	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	\$	3,349.86
	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)	\$	3,349.86	
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		\$	3,369.86
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	SYSTEM ID# 27497
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	35 63
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name 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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified wner 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) 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

counting Period: 2020/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EDIACOM INDIANA LLC	27497
 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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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 Accounting period	

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.