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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:			
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		08/29/2022	For additional information, contact the U.S. Copyright Office Licensing Division a Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ((YYY/(Period))				
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		Barcode Data Filing Period (option	al - see instructions)				
Accounting Period							
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary of another corporation, give the full	corporate			
Owner	er 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 Check here if this is the system's first fili			24401			
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTE	Μ				
	MEDIACOM INDIANA LLC						
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	IT)				
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM					
	(Number, street, rural route, apartment, or suite	number)					
	MEDIACOM PARK, NY 10918 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM INDIANA LLC MAILING ADDRESS OF CABLE SYSTEM	М:					
	2 1102 N. Fourth Street, P.O. Box 33						
	Chillicothe, IL 61523	number)					
	(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. PAC
Name		
	MEDIACOM INDIANA LLC	244
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	nmunities within unincorporated areas and including singl
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter kn
	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 ho	me narks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Bluffton	IN
Community		
Community	Decatur	IN
	Monroe	IN
Add Rows as Necessary	Poneto	IN
	Tocsin	IN
	Uniondale	
		IN
	Vera Cruz	IN
	Adams County	IN
	Wells County	IN
	Manzavilla Taurakia	IN IN
	Monroeville Township	

									2E. PAGE	
Name								515	2440	
		LO								
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 of television and radio broadcasts by your system to subscribers. Give informatic									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	· •	(June 30 or December 31, as the case may be).					0			
Service: Sub-		Both blocks in space E call for the number of subscribers to the cable system, broken ndary transmission service. In general, you can compute the number of subscribers in								
scribers and Rates	down by categories of secondar each category by counting the n			•		•				
Rates	separately for the particular serv		0	0,0				scharged		
	Rate: Give the standard rate of	harged for eac	ch cateo	gory of service.	Include bo	oth the amount o	of the char			
	unit in which it is generally billed					ard rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondany transmis	ssion son <i>i</i> i	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ice to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descript	ion of the	service is		
	sufficient.					BLOCK 2				
	BLC	DCK 1 NO. OF				BLOCK 2				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		1,133	29.95-61.54						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		0	29.95-61.54						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA			s					
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t									
0	service for a single fee. There are	•			0		• •	,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		doudin.					rogram baolo,		
ransmissions:	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 brief (two- or three-word) description				isnea. Lisi	inese otner ser	vices in th	e lorm of a		
	brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO		GORY OF SER	VICE	RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	RAIE	-	ation: Non-res	-	RAIE	CATEG	JRT OF SERVICE	RAIL	
	Pay cable	PP		otel, hotel	nuentiai		Family	Cable	####	
	• Pay cable—add'l channel	PP		mmercial			. ay	Cubic		
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	109.99		rglar protection						
	Additional set(s)	15.00-49.00		services:						
	• FM radio (if separate rate)			connect		49.00				
	Converter	10.50		sconnect						
						15.00-49.00				
			• ()	llet reiocanon		10.00-49 00				
				itlet relocation	ess	15.00-49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM INDIANA L			244
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: 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 rule • 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, WR Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these term Column 4: Give the location	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WANE/WANE(HD) CBS	31	N	Fort Wayne, IN
				Fort wayne, ny
		31.3	I-M	Eart Wayna IN
	WANE-DT3 Laff WANE-DT4 ION Mystery	31.3		Fort Wayne, IN Fort Wayne, IN
	WANE-DT4 ION Mystery	31.4	I-M	Fort Wayne, IN
as Needecary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX	31.4 36	I-M I	Fort Wayne, IN Fort Wayne, IN
d Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV	31.4 36 36.2	i-M i i-M	Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN
Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS	31.4 36 36.2 40	i-M i i.M E	Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN
Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS	31.4 36 36.2 40 40.2	i-M l i-M E E E-M	Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN
¹ Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create	31.4 36 36.2 40 40.2 40.3	I.M I	Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN
Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore	31.4 36 36.2 40 40.2 40.3 40.4	I-M I I-M E E E-M E-M E-M	Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN Fort Wayne, IN
¹ Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX	31.4 36 36.2 40 40.2 40.3 40.4 40.5	i-M i i i-M E-M E-M E-M E-M	Fort Wayne, IN Fort Wayne, IN
l Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12	I.M I I.M E E E-M E-M E-M I	Fort Wayne, IN
l Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23	i-M i i i-M E-M E-M E-M E-M	Fort Wayne, IN Muncie, IN
l Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18	i-M i i i-M E E E-M E-M E-M i i i i i i i i i i i i i	Fort Wayne, IN
l Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23	I.M I I.M E E E-M E-M E-M I	Fort Wayne, IN Muncie, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18	i-M i i i-M E E E-M E-M E-M i i i i i i i i i i i i i	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2	i-M i i i-M E E -M E-M E-M i E-M i i i i i i i i i i i i i	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT3 Grit	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2 18.3	i-M i i i i i i i i i i i i i	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT3 Grit WISE-DT3 Grit	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2 18.3 18.4	I.M I.M I.M E.M E.M E.M E.M I. I.M I.M I.M I.M	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT3 Grit WISE-DT3 Grit WISE-DT4 Court TV WISE-DT5 Start TV	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2 18.3 18.4 18.5	i-M i i-M i-M E-M E-M E-M i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i <t< td=""><td>Fort Wayne, IN Fort Wayne, IN</td></t<>	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT3 Grit WISE-DT3 Grit WISE-DT4 Court TV WISE-DT5 Start TV WISE-DT5 Start TV	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2 18.3 18.4 18.5 18.6	i-M i i i i i i i i i i i i i	Fort Wayne, IN
ł Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT2 True Crime WISE-DT3 Grit WISE-DT3 Grit WISE-DT5 Start TV WISE-DT6 MeTV WISE-DT6 MeTV WISE-DT7 DABL	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.2 18.3 18.4 18.5 18.6 18.7	i-M i i-M i-M E-M E-M E-M E-M i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i	Fort Wayne, IN
I Rows as Necessary	WANE-DT4 ION Mystery WFFT/WFFT(HD)FOX WFFT-DT2 Bounce TV WFWA/WFWA (HD) PBS WFWA-DT2 PBS KIDS WFWA-DT3 Create WFWA-DT4 Explore WFWA-DT4 Explore WFWA-DT5 PBS39WX WINM TBN WIPB PBS WISE/WISE (HD) CW WISE-DT2 True Crime WISE-DT2 True Crime WISE-DT3 Grit WISE-DT3 Grit WISE-DT5 Start TV WISE-DT5 Start TV WISE-DT6 MeTV WISE-DT7 DABL WPTA/WPTA(HD) ABC	31.4 36 36.2 40 40.2 40.3 40.4 40.5 12 23 18 18.1 18.2 18.3 18.4 18.5 18.6 18.7 24	I.M I I.M E E-M E-M E-M I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I <tr< td=""><td>Fort Wayne, IN Fort Wayne, IN</td></tr<>	Fort Wayne, IN Fort Wayne, IN

MEDIACOM	INDIANA L	LC						SYSTEM I 244
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If 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	/ the sys be receint the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's h system's FM ant this point, see pa sed by the cable he station is licer	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O, LE OIOIN		0,0				0,0		

Accounting Perio	d: 2022/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM INDIANA	LLC						24401
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC)G			
	In General: In space I, ident	-	-			tion, that you	cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting pe 	-			asis anv nonr	network telev	ision prog	am
Statement and				in ourry, on a substitute be				
Program Log	broadcast by a distant sta	luon?					YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust complet	e the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	MS					
	In General: List each subs				s wherever po	ossible, if the	ir meaning	j is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			List specific progra			ove Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
			`	the community to which th		,	e FCC or,	in
	the case of Mexican or Cal					,	with the n	aanth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. Us	se numerais,	with the fi	ionin
			e substitute pr	ogram was carried by you	ır cable svster	n. List the tir	nes accura	atelv
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules	and regulati	one in ettect c	luring the accounting perio	od; enter the I	etter "P" if th	e listed pro	ogram
								-
	was substituted for program	mming that y						-
		mming that y						-
	was substituted for program	mming that y			der FCC rules		ons in	
	was substituted for prograr effect on October 19, 1976	mming that y		ras permitted to delete und	der FCC rules	and regulati	ons in UTE	7. REASON FOR
	was substituted for prograr effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	7. REASON FOR DELETION
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete und	der FCC rules WHE CARRI	and regulati	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI	And regulation	UTE RRED IES	
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Accounting Period:	2022/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC			S	8YSTEM ID# 24401
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's sec of how to	condary transmi compute this a	ission service amount, see \$ 3!	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more infi	It less tha formation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for t	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 line	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	re 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	· · · · · · · · · · · · · · · · · · ·			
	5. Enter the amount from line 3	· · · · · · · · · · · · · · · · · · ·			
	6. Subtract line 5 from line 4	· .			
	7. Multiply line 6 by .005 (enter figure here)		····· ·		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	ınd 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	358,964.90		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	95,164.90		
	4. Multiply line 3 by .01	· · · · · · · · · · .	\$	951.65	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots	· · · · · · · · · · · · · · · · · · ·	\$	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	5, and 6	· · · · · · · · · · · · · · · · · · ·	\$	2,270.65
	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)	· · · · · · · · · · · · · · ·	\$	2,270.65	
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			\$	2,290.65
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	SYSTEM ID# 24401
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	29
	and nonbroadcast services	00
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845	-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918	
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 B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or 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 herein are 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)] 	m as identified
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting	
	(Title of official position held in corporation or partnership) Date: 8/5/2022	

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.

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
DIACOM INDIANA LLC	2440
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
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.	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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	
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	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Line 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	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25