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

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					
08/29/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2022/1 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.							
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM ILLINOIS LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 ONE MEDIACOM WAY (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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID 2748					
Name	MEDIACOM ILLINOIS LLC						
	Instructions: List each separate community served by the cable system. A "comm						
D	"a separate and distinct community or municipal entity (including unincorporate						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo						
	as the "first community." Please use it as the first community on all future filings						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Sullivan	L					
Community	CERRO GORDO	IL					
	MOULTRIE COUNTY	L					
d Rows as Necessary							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27489

MEDIACOM ILLINOIS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

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 information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	426	40.49-74.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-74.49					
Converter							
Residential							
Non-residential							
		I		1	Y		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
	Outlet relocation		15.00-49.00		
	Move to new address				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27489

MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 CoziTV	17.2	I-M	Decatur, IL
WBUI/WBUI(HD) CW	22	<u> </u>	Decatur, IL
WBUI-DT2 DABL	22.2	I-M	Decatur, IL
WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
WCCU/WCCU(HD) FOX	26	<u> </u>	URBANA, IL
WCCU-DT2 MeTV	26.2	I-M	URBANA, IL
WCCU-DT3 Antenna TV	26.3	I-M	URBANA, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIX-DT/WCIX (HD) MyNet	13.1	I-M	Springfield, IL
WCIX-DT3 ION Mystery	13.3	I-M	Springfield, IL
WCIX-DT4 Laff	13.4	I-M	Springfield, IL
WEIU/WEIU(HD) PBS	50	E	Charleston, IL
WEIU-DT2 PBS FNX	50.2	E-M	Charleston, IL
WICD/WICD(HD) ABC	41	N	CHAMPAIGN, IL
WICD-DT2 Comet	41.2	I-M	CHAMPAIGN, IL
WICD-DT3 TBD	41.3	I-M	CHAMPAIGN, IL
WICD-DT4 Charge!	41.4	I-M	CHAMPAIGN, IL
WICS (ABC)	42	N	Springfield, IL
WILL/WILL(HD) PBS	9	E	Champaign, IL
WILL-DT2 PBS World	9.2	E-M	Champaign, IL
WILL-DT3 Create	9.3	E-M	Champaign, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27489

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		ļ					
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ccounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:					SYSTEM ID
Name	MEDIACOM ILLINOIS	LLC						2748
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	itify every nor	nnetwork televi eriod, under sp	pecific present and former F	a <i>distant</i> stat CC rules, regu	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				-			
Special statement and	During the accounting per	eriod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonn	etwork tele	vision pro	gr <u>am</u>
Program Log	broadcast by a distant station?							
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you n	nust comple	ete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each subs		_	rato lino. Lleo abbroviations	whorover no	sceible if th	oir mooni	ag ic
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g	e of every no a distant state egulations, cories like "mo . Bulls." Im was broad I sign of the badcast stationadian station onth and day ive "5/7."	onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the	vision program ("substitute our cable system substitutens. See page (v) of the gereteball." List specific programer "Yes." Otherwise enter casting the substitute programe community to which the community with which the stem carried the substitute	ed for the pro- neral instructi m titles, for e No." am. e station is lice station is ide program. Us	ogramming ons for furt example, "I enseed by the entified).	of another her inform Love Lucy he FCC or s, with the imes accu	station ation. " or , in month
	Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograte effect on October 19, 1976	s. Example: a tter "R" if the and regulati mming that y	a program car e listed prograr ions in effect d	ried by a system from 6:01 m was substituted for progr during the accounting perio	:15 p.m. to 6: ramming that d; enter the le er FCC rules	your syste etter "P" if t and regula	m was <i>req</i> he listed p itions in	uired
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	2022/1				A1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			3	YSTEM I 274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's se	condary transm	ission service	
	during the accounting period		\$ 16 (Amount of gr	2,209.51 oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou 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 I	ines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	=	
	2. Enter amount of gross receipts from space K	\$	162,209.51	-	
	3. Subtract line 2 from line 1	\$	101,590.49	-	
	4. Enter the amount of gross receipts from space K		\$	162,209.51	
	5. Enter the amount from line 3		. \$	101,590.49	
	6. Subtract line 5 from line 4		\$	60,619.02	
	7. Multiply line 6 by .005 (enter figure here)			\$	303.10
	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		\$	303.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01			-	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula) .			1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			,	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	303.10	
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			\$	323.10

Accounting Period:	022/1						FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF MEDIACOM ILLINOIS						SYSTEM ID# 27489
M Channels	to its subscribers, and (2)	of channels on which n broadcast stations. of activated channels em carried television b	the cable	ch the cable system carried t ivated channels during the a	ccounting period.	tations	32 75
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			N IS NEEDED (Identify an ir	ndividual to whom		
for Further Information		eth J. Kohrs			Tel	ephone 84	15-443-2762
	(Number	Mediacom Way r, street, rural route, apartm acom Park, NY 1					
	(City, tov	vn, state, zip) Copyrights@me	diacomcc.com		Fax (optional)		
O Certification	CERTIFICATION (This sta			d signed in accordance with fithe boxes.)	Copyright Office regul	lations)	
	(Owner other t	han corporation or pa	artnership) I am tl	ne owner of the cable system	as identified in line 1 o	of space B; o	or
				ip) I am the duly authorized a oration or partnership; or	gent of the owner of th	ne cable sys	tem as identified
	(Officer or par in line 1 of s		f a corporation) or	a partner (if a partnership) of	the legal entity identifie	ed as owner	r of the cable system
		rrect to the best of my		der penalty of law that all stat nation, and belief, and are ma		ed herein	
			Enter an electronic	enneth J. Kohrs c signature on the line above to sing an "/s/ signature" (e.g., /s/			
			Vice Preside	eth J. Kohrs ent, Financial Reporti	ng		
		(Title of off	ficial position held in c	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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27489 MEDIACOM ILLINOIS LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 * 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

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.

ID number

First community served Accounting period