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						
3/1/23	\$ 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))								
	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								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 ONE MEDIACOM WAY (Number street rural route anathent or suite number)								
	(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.

	LEGAL MANE OF CHAIFE OF CARLE OVETEN	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM ILLINOIS LLC	249
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated c	
	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 kno
	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
Area		nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TUSCOLA	L
Community	ARCOLA	<u>L</u>
	ARTHUR	IL
Rows as Necessary	ATWOOD	IL
	CAMARGO	IL IL
	GARRETT	IL
	HAMMOND	IL
	HINDSBORO	iL
	HUMBOLDT	iL
	IVESDALE	IL
	OAKLAND	L
	PIERSON STATION	L
	VILLA GROVE	IL

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID *24943

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	999	29.99-74.49				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-74.49				
Converter						
Residential						
Non-residential						
					1	

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	ORY OF SERVICE RATE 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: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24943

MEDIACOM ILLINOIS LLC

G

Primary Transmitters: Television

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	l	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>l</u>	URBANA, IL
WCCU-DT2 True Crime Netwo	26.2	I-M	URBANA, IL
WCCU-DT3 Antenna	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	l	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-URBANA, IL
WILL-DT2 PBS WORLD	9.2	E-M	CHAMPAIGN-URBANA, IL
WILL-DT3 PBS CREATE	9.3	E-M	CHAMPAIGN-URBANA, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

24943

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.

Н

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2022/2						FC	DRM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MEDIACOM ILLINOIS	LLC						24943	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, re	E: SPECI. tify every no accounting p ning that mu T CONCEI riod, did yo ation? by, leave the E PROGR. stitute prograce, please of every no a distant sta egulations, ries like "mo	period, under spart to be included spart to be included spart to be included spart to be rest of this part to be rest of this	m carry, on a substitute bases age blank. If your answer is rate line. Use abbreviations if rows to the tables. evision program ("substitute	a distant state CC rules, regine general instants sis, any nonres "Yes," you rest wherever post program") the dofor the program to the program of the progra	ulations, carructions network to nust com possible, if nat, durin ogrammir ions for for	r authorization the paper version provided the plete the provided their means of their means of the according of anoth purther information.	system carried on a tions. For a further r SA1-2 form. Togram X NO Togram Ining is Lunting er station mation.	
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g 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	sign of the adcast statinadian statinth and day ive "5/7." hes when the Example: ter "R" if the and regulatemming that	station broaddion's location (cons, if any, the when your symbol es substitute program care listed programicions in effect of	stem carried the substitute rogram was carried by your	am. e station is lide e station is ide program. Us cable syster :15 p.m. to 6 camming that d; enter the l	entified). se numer m. List the :28:30 p. your sys etter "P"	als, with the times accommend of the was resisted.	e month curately pe	
		LIBSTITLIT	E PROGRAM	4	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — тс</u>)	
			 						
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counting Period:	2022/2			FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			•	SYSTEM II 2494				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (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.	system's se on of how to	condary transm o compute this	sission service amount, see					
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 tha	an \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	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								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and 2	!						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	<u>-</u> -					
	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	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but I	less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	349,427.49						
	2. Base amount under statutory formula		263,800.00	-					
	3. Subtract line 2 from line 1	\$	85,627.49	-					
	4. Multiply line 3 by .01		\$	856.27					
	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	I, 5, and 6 .		\$	2,175.27				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,175.27					
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			\$	2,195.27				

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7				
Name	MEDIACOM IL	OWNER OF CABLE SYSTEM: LINOIS LLC				SYSTEM ID# 24943				
M Channels	to its subscribers 1. Enter the tota	ou must give (1) the number of s, and (2) the cable system's I number of channels on whic television broadcast stations	total number	er of activated channels du	[32				
	Enter the tota on which the ca	I number of activated channel able system carried television ast services	ls i broadcast	stations	-	72				
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Ide						
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way			Telephone i	845-443-2762				
		(Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	tment, or suite	number)						
	Email	Copyrights@m	nediacomc	c.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, but only one, 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									
		t of owner other than corpor line 1 of space B and that the			thorized agent of the owner of the cable s p; or	system as identified				
	in	line 1 of space B.			ership) of the legal entity identified as own at all statements of fact contained herein					
		te, and correct to the best of m								
			Enter an e	/s/ Kenneth J. Kohrs lectronic signature on the lir ature using an "/s/ signature	e above to certify this statement.					
		Typed or printe	ed name:	Kenneth J. Kohrs						
		Title:		resident, Financial I						
		Date:			2/6/2023					

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24943 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

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ID number

First community served Accounting period