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					
	7122001110111101112111					

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

_	T								
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 ILLINOIS LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 1102 N. Fourth Street, PO Box 334 (Number street upgl guide anartment or sulfe number)								
	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523								
	(City, town, state, zip code)								

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

	LEGAL MANE OF CHAIFE OF CARLE OVERTER	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM ILLINOIS LLC	332
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	ist 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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
55.154		
	CITY OR TOWN	STATE
First	Leroy	IL
Community	DOWNS	IL
	BLOOMINGTON	IL
Rows as Necessary	BELLFLOWER	IL
	SAYBROOK	LL
	COLFAX	IL .
	Downs Subdiv	IL .
	Anchor	IL

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33224

MEDIACOM ILLINOIS LLC

E

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	621	30.49-74.49				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	30.49-74.49				
Converter						
Residential						
Non-residential						
					\$	

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	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)	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

MEDIACOM ILLINOIS LLC

33224

PRIMA

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

G

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 (NBC)	17	N	Decatur, IL
WAOE/ WAOE (HD) Cornerst	39	<u>l</u>	PEORIA, IL
WCIA (CBS)	48	N	Champaign, IL
WEEK/WEEK (HD) NBC	25	N	PEORIA, IL
WEEK-DT2/WEEK-DT2(HD)A	25.2	N-M	PEORIA, IL
WEEK-DT3/WEEK-DT3 CW(H	25.3	I-M	PEORIA, IL
VHOI (HD)	19	ı	CREVE COEUR, IL
WHOI-DT2 Charge	19.2	I-M	CREVE COEUR, IL
WHOI-DT3 Comet	19.3	I-M	CREVE COEUR, IL
WILL/WILL (HD) PBS	9	E	Urbana, IL
WILL-DT2 PBS World	9.2	E-M	Urbana, IL
WILL-DT3 PBS Create	9.3	E-M	Urbana, IL
WMBD/WMBD (HD) CBS	30	N	Peoria, IL
WMBD-DT2 Bounce TV	30.2	I-M	Peoria, IL
WMBD-DT3 LAFF	30.3	I-M	Peoria, IL
WMBD-DT4 ION Mystery	30.4	I-M	Peoria, IL
WTVP/WTVP (HD) PBS	46	E	PEORIA, IL
WTVP-DT2 PBS KIDS	46.2	E-M	PEORIA, IL
WTVP-DT3 PBS World	46.3	E-M	PEORIA, IL
WTVP-DT4 PBS Create	46.4	E-M	PEORIA, IL
WYZZ/WYZZ (HD) FOX	28	ı	Bloomington, IL
WYZZ-DT3 getTV	28.3	I-M	Bloomington, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

33224

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	ΛM 05 ΓM	e/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
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Accounting Perio	LEGAL NAME OF OWNER OF	F CARLE SVS	STEM:				101	RM SA1-2E. PAGE 5. SYSTEM ID#			
Name	MEDIACOM ILLINOIS		o i ⊏ivi.					33224			
	CURCUITUTE CARRIAC	T. CDECL	AL CTATEME	THE AND DOCUMENT							
1	In General: In space I, iden substitute basis during the	ntify every no accounting p	nnetwork telev period, under sp	ENT AND PROGRAM LO ision program, broadcast by pecific present and former F	a distant stat CC rules, reg	ulations, c	r authorizati	ons. For a further			
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	broadcast by a distant station?										
	Note: If your answer is "N	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram			
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subs			rate line. Use abbreviations	s wherever no	nssible if	their meani	na is			
	clear. If you need more sp	ace, please	add additiona	I rows to the tables.	·						
				vision program ("substitute							
	period, was broadcast by a			ns. See page (v) of the ge							
				ketball." List specific progra							
	"NBA Basketball: 76ers vs		deest live ant	er "Vaa" Othamuiaa antar i	'NIo."						
				er "Yes." Otherwise enter ' casting the substitute progr							
	Column 4: Give the bro	oadcast stati	ion's location (the community to which th	e station is lic		the FCC or	r, in			
	the case of Mexican or Ca			e community with which the estem carried the substitute			ale with the	month			
	first. Example: for May 7 g	,	wileli your sy	stem camed the substitute	program. Os	se mumer	ais, with the	monui			
				ogram was carried by you							
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.i	m. should be	9			
			e listed program	m was substituted for prog	ramming that	your sys	tem was <i>req</i>	uired			
				during the accounting perio				rogram			
	was substituted for progra effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	ılations in				
	Check on October 13, 1376	J.									
		N IDOTITI IT		4	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON F						
	5		E PROGRAM 3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO				
							_				
							_				
								"""			
			 								

counting Period:	•				A1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			S	YSTEM II				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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			\$ 17 (Amount of gr	5,893.53 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 \$137,1	00)					
	Base amount under statutory formula	-	263,800.00	•					
	2. Enter amount of gross receipts from space K	\$	175,893.53						
	3. Subtract line 2 from line 1	\$	87,906.47						
	4. Enter the amount of gross receipts from space K		. \$	175,893.53					
	5. Enter the amount from line 3		. \$	87,906.47					
	6. Subtract line 5 from line 4		\$	87,987.06					
	7. Multiply line 6 by .005 (enter figure here)			\$	439.94				
	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		\$	439.94				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
				•					
	2. Base amount under statutory formula		263,800.00						
	3. Subtract line 2 from line 1			•					
	4. Multiply line 3 by .01								
	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 .							
	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)		\$	439.94					
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			\$	459.94				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ıhts!				

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	MEDIACOM IL	OWNER OF CABLE SYSTEM: LINOIS LLC				SYSTEM ID# 33224
M Channels	to its subscriber	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 of h the cable	f activated channels during th		30
	on which the c	I number of activated channe able system carried television cast services	broadcast stat			61
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		ATION IS NEEDED (Identify a		
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way			Telephone 845-4	443-2762
		(Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or suite nun	nber)		
	Email	Copyrights@m	ediacomcc.cc	om	Fax (optional)	
O Certification		(This statement of account m		-	vith Copyright Office regulations)	
	(Owne	er other than corporation or	partnership) l a	am the owner of the cable sys	tem as identified in line 1 of space B; or	
	in	line 1 of space B and that the	owner is not a c	corporation or partnership; or	ed agent of the owner of the cable system o) of the legal entity identified as owner of	
	I have examine	line 1 of space B. d the statement of account and	hereby declare	e under penalty of law that all	statements of fact contained herein	are cable system
	are true, complet [18 U.S.C., Secti	e, and correct to the best of m on 1001(1986)]	y knowledge, in	nformation, and belief, and are	e made in good faith.	
			Enter an elect	/ Kenneth J. Kohrs tronic signature on the line above re using an "/s/ signature" (e.g.,	•	
		Typed or printe	d name: K e	enneth J. Kohrs		
		Title:		sident, Financial Repo	orting	
		Date:			2/7/2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 33224 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

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Address

ID number

First community served Accounting period