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						
8/28/2023	\$						
	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))									
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
	Barcode Data Filing Period (optional - see instructions)									
Accounting Period										
	Instructions:									
В	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									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM									
	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)									
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	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 anartment 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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	33045
	Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated commun	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	se narks should be reported in parentheses below the identified
Area	city.	ie parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	CTATE
F1 1	TOLONO	STATE IL
First		•
Community	PESOTUM	IL
	MONTICELLO	IL
Add Rows as Necessary	BEMENT	IL .

Accounting Period: 2023/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33045

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 	658	30.49-61.54					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	0	30.49-61.54					
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Family Cable	105.00	
 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: 2023/1 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33045

MEDIACOM ILLINOIS LLC

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	I	URBANA, IL
WCCU-DT2 True Crime Netwo	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/WCIX-DT (HD) MyNet	13	l	SPRINGFIELD, IL
WCIX-DT3 ION Mystery	13.3	I-M	CHARLESTON, IL
WCIX-DT4 Laff	13.4	I-M	CHARLESTON, IL
WEIU/WEIU (HD) PBS	50	E	CHARLESTON, IL
WEIU-DT2 FNX	50.2	E-M	CHARLESTON, IL
WICD/WICD (HD) ABC	41	N	SPRINGFIELD, IL
WICD-DT2 Comet	41.2	I-M	SPRINGFIELD, IL
WICD-DT3 TBD	41.3	I-M	SPRINGFIELD, IL
WICD-DT4 Charge!	41.4	I-M	SPRINGFIELD, IL
WICS (ABC)	42	N	SPRINGFIRLD, 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

33045

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 Period	d: 2023/1						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#	
Name	MEDIACOM ILLINOIS L	.LC						33045	
	SUBSTITUTE CARRIAGE				-				
	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute		planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did yoι	ır cable system	n carry, on a substitute ba	asis, any nonn	etwork tele <u>v</u>	<u>isio</u> n progra	ı <u>m</u>	
Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?								
3	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	,	, , , , , , , , , , , , , , , , , , , ,	g	, ,				
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst				s wherever po	ossible, if the	eir meaning	is	
	clear. If you need more spa Column 1: Give the title				e program") tl	nat, during th	ne accountir	na	
	period, was broadcast by a	distant stat	ion and that yo	our cable system substitu	ted for the pro	gramming o	f another st	ation	
	under certain FCC rules, re Do not use general categor	gulations, c	or authorization	ns. See page (v) of the ge	eneral instruct	ions for furth	er informati	on.	
	"NBA Basketball: 76ers vs.		ovies of basks	etball. List specific progr	am uues, ioi e	xample, i.L	ove Lucy o	'	
	Column 2: If the program	n was broad							
	Column 3: Give the call : Column 4: Give the broad					enced by th	e ECC or in	,	
	the case of Mexican or Can						e i CC 0i, ii	1	
	Column 5: Give the mon	ith and day					with the mo	onth	
	first. Example: for May 7 give Column 6: State the time		e substitute pro	naram was carried by you	ır cahle eveter	n I ist the tir	nes accurat	elv	
	to the nearest five minutes.							ely	
	stated as "6:00–6:30 p.m."	·			·	•			
	Column 7: Enter the lette to delete under FCC rules a								
	was substituted for program							gram	
	effect on October 19, 1976.		,	•		ŭ			
					ll wh	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM			IAGE OCCI		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION	
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			\$	33045				
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 system to the system tof	stem's secor n of how to c	ndary transmi ompute this a	ission service amount, see \$ 25					
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 bi • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bi See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less than s formation.	\$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			-	0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS								
	1. Base amount under statutory formula	\$ 20	63,800.00						
	2. Enter amount of gross receipts from space K	\$ 25	56,280.26						
	3. Subtract line 2 from line 1	\$	7,519.74						
	4. Enter the amount of gross receipts from space K	<u>\$</u>	5 2	56,280.26					
	5. Enter the amount from line 3	<u>\$</u>	5	7,519.74					
	6. Subtract line 5 from line 4	. <u>\$</u>	5 2	48,760.52					
	7. Multiply line 6 by .005 (enter figure here)			\$	1,243.80				
	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 an	nd 8		\$	1,243.80				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but less	s than \$527,	600)					
	Enter the amount of gross receipts from space K								
	Enter the amount of gross receipts from space \(\). Base amount under statutory formula		63,800.00						
	3. Subtract line 2 from line 1	Ψ 2	00,000.00						
	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 DUE								
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	;	1,243.80					
	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	3	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	1,263.80				
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				hts!				

Accounting Period:	2023/1								FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:							SYSTEM ID# 33045
M Channels	to its subscriber The total system carrie Enter the total on which the	ou must give (1) the number of s, and (2) the cable system's to all number of channels on which d television broadcast stations all number of activated channels cable system carried television deast services	the cable	of activated channels during	g the acc	counting period.	st stations		54
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		IATION IS NEEDED (Identif	fy an ind	lividual to whom			
for Further Information	Name	Kenneth J. Kohrs				1	Telephone	845-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apartmet Mediacom Park, NY 1		umber)					
	Email	(City, town, state, zip) Copyrights@med		com		Fax (optional			
		г, з				(-			
O Certification	I, the undersigne (Owne X (Agent (Office I have examined	This statement of account must, the statement of account must of owner other than corporation or part of owner other than corporation in line 1 of space B and that the corporation of space B. The statement of account and here, and correct to the best of my keen 1001(1986)]	on or partne owner is not a a corporation	e, of the boxes.) am the owner of the cable systems in the owner of the cable systems in the duly authorized a corporation or partnership; of or a partner (if a partnership) or a partner (if a partnership) under penalty of law that all si	ed agent or o) of the le	dentified in line 1 of of the owner of the egal entity identified ts of fact contained	f space B; of e cable system	tem as identified	
			Enter an elec	s/ Kenneth J. Kohrs ctronic signature on the line abure using an "/s/ signature" (e.			nt.		
		Typed or printed n		Cenneth J. Kohrs	rial Re	porting			
				ition held in corporation or partner		,porting			
		Date:				8/4/2023			

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counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM ILLINOIS LLC	33045
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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