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

by email to:

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 8/28/2023 \$



ALLOCATION NUMBER

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

Return completed workbook

Α	ACCO	DUNTING 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.	34380
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	0	ONE MEDIACOM WAY	
	2	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM ILLINOIS LLC	343
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communiti unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	ies within unincorporated areas and including single, discr
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	narks should be reported in parentheses below the identif
Area Served	city.	
	CITY OR TOWN	STATE
First	CAPRON	IL
Community	BELVIDERE TOWNSHIP	L
	ARGYLE	IL
d Rows as Necessary	CALEDONIA	IL
	CANDLEWICK LAKE	IL
	POPLAR GROVE	IL
	CHEMUNG	IL
	RINGWOOD	IL
	RICHMOND / SOLON MILLS	IL
ŀ	SPRING GROVE	IL
	GARDEN PRAIRIE	IL
	HEBRON	IL.
	Village of Timberlane	IL

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID	
Name	MEDIACOM ILLINOIS LLC								3438	
Е	SECONDARY TRANSMISSION									
-	In General: The information in sp system, that is, the retransmission			-	•					
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•								
Rates	each category by counting the nu									
	separately for the particular servi									
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	•	,		y Stanuart		s wiu iir a p			
	Block 1: In the left-hand block	•		•		•				
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca	ble service to a	ddition	al sets would be	included	• • •	•			
	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 a						,.			
	sufficient.							<u> </u>		
	BLC	DCK 1 NO. OF					BLOCI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		1,081	14.00-61.54						
	Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel									
	Commercial		1	14.00-61.54						
	Converter									
	Residential									
	Non-residential									
									I	
_	SERVICES OTHER THAN SECO In General: Space F calls for rat				pect to all	vour cable svst	tem's servi	ces that were		
F	not covered in space E, that is, the									
	service for a single fee. There are		,		•		0()			
Services Other Than	furnished at cost or (2) services of amount of the charge and the un									
Secondary	enter only the letters "PP" in the		acaany	billou: If any fut				ogram baolo,		
ransmissions:	Block 1: Give the standard rate									
Rates	Block 2: List any services that listed in block 1 and for which a s									
	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.									
		BLO	СК 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE	
			Install	ation: Non-resi	dential					
	Continuing Services:		• 140	tel, hotel			Family	Cable	105.0	
	• Pay cable	PP	• 1010	lei, nolei					••••••	
	• Pay cable • Pay cable—add'l channel	PP PP	• Co	mmercial						
	 Pay cable Pay cable—add'l channel Fire protection 		•Co •Pa	mmercial y cable						
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Col • Pay • Pay	mmercial y cable y cable-add'l cha	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Co • Pay • Pay • Fire	mmercial y cable y cable-add'l cha e protection	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 109.99	• Co • Pay • Pay • Fire • Bui	mmercial y cable y cable-add'l cha e protection rglar protection	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Col • Pay • Pay • Fire • But	mmercial y cable y cable-add'l cha e protection	annel	49.00				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 109.99	• Col • Pay • Pay • Fire • Bui • Bui • Re	mmercial y cable y cable-add'l cha e protection rglar protection services:	annel	49.00				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	PP 109.99 49.00	• Co • Pa • Pa • Fire • Bu • Bu • Bu • Re • Dis	mmercial y cable y cable-add'l cha e protection rglar protection services: connect	annel	49.00				

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		343
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe	Iso in space I, if the station was carried of concerning substitute basis stations, is call sign. <i>Do not</i> report origination p with a station according to its over-the ne form. I number the FCC assigned to the tele	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain static arried by your cable system on a substitute basis and also both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESPN e-air designation. For example, reported the set of the set o	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c	for network multicast), "I" (for indeper	ndent), "I-M"
	For the meaning of these ter	ms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		of each station. For U.S. stations, list ian stations, if any, give the name of the stations.	-	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM/WBBM (HD) CBS	12	N	CHICAGO, IL
	WBBM-DT2 Start TV	12.2	I-M	CHICAGO, IL
	WBBM-DT3 DABL	12.3	I-M	CHICAGO, IL
	WCIU/WCIU (HD) IND	27	I	CHICAGO, IL
ld Rows as Necessary	WCIU-DT2 The U (HD)	27.2	I-M	CHICAGO, IL
	WCIU-DT3 MeTV	27.3	I-M	CHICAGO, IL
	WCIU-DT4 Heroes & Icons	27.4	I-M	CHICAGO, IL
	WCIU-DT5 Story Television	27.5	I-M	CHICAGO, IL
	WCIU-DT6 Catchy Comedy	27.6	I-M	CHICAGO, IL
	WCPX/WCPX (HD) ION	48	I	CHICAGO, IL
	WCPX-DT2 Bounce	48.2	I-M	CHICAGO, IL
	WCPX-DT3 Laff	48.3	I-M	CHICAGO, IL
	WFLD/WFLD (HD) FOX	31	I	CHICAGO, IL
	WFLD-DT2 Movies!	31.2	I-M	CHICAGO, IL
	WFLD-DT3 BUZZR	31.3	I-M	CHICAGO, IL
	WGBO/WGBO (HD) Univision	15	I	CHICAGO, IL
	WGBO-DT2 Laff	15.2	I-M	CHICAGO, IL
	WGBO-DT3 getTV	15.3	I-M	CHICAGO, IL
	WGBO-DT4 True Crime Netw	15.4	I-M	CHICAGO, IL
	WGBO-DT5 Grit	15.5	I-M	CHICAGO, IL
	WGN/WGN (HD)/IND	19	I	CHICAGO, IL
	WGN-DT2 Antenna TV	19.2	I-M	CHICAGO, IL
	WGN-DT3 GritTV	19.3	I-M	CHICAGO, IL
	WIFR/WIFR (HD) CBS	41	N	FREEPORT-ROCKFORD, IL

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 34:							
Name	MEDIACOM ILLINOIS LLC										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable system	ntify every television station (including to during the accounting period, <i>except</i>	(1) stations carried only on a part-tim	e basis under							
Primary	5	C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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									
ransmitters:	nitters: substitute program basis, as explained in the next paragraph.										
Television		With respect to any distant stations ca es, regulations, or authorizations:	rried by your cable system on a subs	titute program							
	• Do not list the station here	in space G-but do list it in space I (th	e Special Statement and Program Lo	og)—if the							
	 station was carried only on a List the station here, and a 	a substitute basis. Iso in space I, if the station was carried	both on a substitute basis and also	on some other							
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instructio	ns.							
		's call sign. <i>Do not</i> report origination p with a station according to its over-the	-	-							
	"WETA-2" as the same on th	ne form.									
		I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for proadcasting over th	ie air in its community							
	Column 3: Indicate in each	case whether the station is a network s									
		ing the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o									
	For the meaning of these ter	ms, see page (iv) of the general instru of each station. For U.S. stations, list	ctions in the paper SA1-2 form.								
		ian stations, if any, give the name of th	•	-							
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION										
	WIFR-DT3 Circle	41.3	I-M	FREEPORT-ROCKFORD, IL							
	WIFR-DT5/WIFR-DT5 (HD) CV	41.5	I-M	FREEPORT-ROCKFORD, IL							
	WLS/WLS (HD) ABC	7	N	CHICAGO, IL							
	WLS-DT2 Localish HD	7.2	I-M	CHICAGO, IL							
	WMAQ/WMAQ (HD) NBC	29	N	CHICAGO, IL							
	WMAQ-DT2 CoziTV	29.2	I-M	CHICAGO, IL							
	WPWR/WPWR (HD) MYNET	51	I	CHICAGO, IL							
	WQRF/WQRF (HD) FOX	42	I	ROCKFORD, IL							
	WQRF-DT2 Bounce TV	42.2	I-M	ROCKFORD, IL							
	WQRF-DT3 ION Mystery	42.3	I-M	ROCKFORD, IL							
	WQRF-DT4 Rewind TV	42.4	I-M	ROCKFORD, IL							
	WREX/WREX (HD) NBC	13	N	ROCKFORD, IL							
	WREX-DT3 (Me TV)	13.3	I-M	ROCKFORD, IL							
	WREX-DT4 Court TV	13.4	I-M	ROCKFORD, IL							
	WREX-DT5 True Crime Netwo	13.5	I-M	ROCKFORD, IL							
	WSNS/WSNS (HD) Telemund	17	I	CHICAGO, IL							
	WSNS-DT2 Telexitos	17.2	I-M	CHICAGO, IL							
	WTTW/WTTW (HD) PBS	47	E	CHICAGO, IL							
	WTTW-DT2 Prime	47.2	E-M	CHICAGO, IL							
	WTTW-DT2 Printe WTTW-DT3 Create	47.2	E-M	CHICAGO, IL							
		47.3	E-M								
		47.4									
			N	ROCKFORD, IL							
	WTVO-DT2 (HD) Mynet	16.2	I-M								
	WTVO-DT3 Laff	16.3	I-M	ROCKFORD, IL							
	WTVO-DT4 Grit	16.4	I-M	ROCKFORD, IL							

counting Period:	2023/1			FORM SA1-2E. PAGE 3			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	MEDIACOM ILLINOIS	LLC		34380			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power telev (1) stations carried only on a part-time	basis under			
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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						
Transmitters:		s explained in the next paragraph.					
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a substi	itute 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 <i>only</i> 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. <i>Do not</i> 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.						
	FCC. For Mexican or Canad	ian stations, il any, give the name of th	te community with which the station is	Idenulied.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	[

LEGAL NAME OF			YSTEM:					SYSTEM ID
MEDIACOM	ILLINOIS L	LC						3438
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1 : Id Column 2: S	it is carried by monitoring, to prmation abour m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processe	the system's hea ystem's FM anten his point, see pag	adend, and (2) nna, during ce le (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
signal, indicate Column 4: G	this by placing ive the station	g a check n's locatio	< mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2,2		
		 						

Accounting Perio	od: 2023/1					FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#		
Name	MEDIACOM ILLINOIS I	LC					34380		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	6				
Substitute	substitute basis during the ad	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 xplanation 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 you	ir cable system	carry, on a substitute bas	sis, any nonne	twork television progra	m		
Program Log	broadcast by a distant stat	tion?				YES	× NO		
	Note: If your answer is "No	' loovo tho	roct of this page	o blank. If your answor is	"Voc " vou mi		_		
	-	, leave the	rest of this pag	je blank. Il your answer is	res, you mu	ist complete the progra	a111		
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the morn first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a	itute progra ce, please ; of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the s adcast static adian static adian static adian static adian static es when the Example: a er "R" if the und regulatio	am on a separa add additional a nnetwork telev ion and that yo or authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen itball." List specific progra r "Yes." Otherwise enter " asting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for prograving the accounting period	program") that ad for the prog- leral instructio m titles, for ex No." am. e station is licer station is ider program. User cable system :15 p.m. to 6:2 amming that y d; enter the let	at, during the accounting ramming of another stans for further information ample, "I Love Lucy" of insed by the FCC or, in tiffied). In List the times accurate ta:30 p.m. should be rour system was <i>requir</i> ter "P" if the listed prog	g ation on. r onth ely ed		
	effect on October 19, 1976.	WHEN SUBSTITUTE							
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
					-				
					_	—			
						_			
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			:	8YSTEM ID# 34380
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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's see on of how to	condary transmi compute this a	ssion service mount, see \$3	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • 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 BLOCK 1: GROSS RECEIPTS OF \$13	but less tha information.	n \$527,600	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 Line 1. Royalty fee for accounting period			is six-month	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	. \$	263,800.00		
	2. Enter amount of gross receipts from space K	·			
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				<u> </u>
	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			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	378,755.84		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	114,955.84		
	4. Multiply line 3 by .01		\$	1,149.56	
	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	1.5. and 6		¢	2,468.56
				*	2,400.00
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,468.56	
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			\$	2,488.56
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID 34380
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	65 67
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-44	13-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 	
	 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the owner owner of the owner owne	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement.	
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/4/2023	

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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ILLINOIS LLC	34380
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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. 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 - x	
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	
ID number First community served Accounting period	

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