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							
2/26/25	\$						
	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 INDIANA 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	<b>INSTRUCTIONS:</b> 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 INDIANA LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 ONE MEDIACOM WAY [Number, street, rural route, apartment, or suite number)							
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)							
	forth own own the cool							

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.

	T	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	MEDIACOM INDIANA LLC	245							
	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.K. 76.5(dd). The first community that you list will serve as a form of system identification								
	as the "first community." Please use it as the first community on all future filings.	become a decide a laborar and decide a consideration belongs to							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	Mattawan Village	MI							
Community	Almena Township	MI							
	Antwerp Township	MI							
Rows as Necessary	Oshtemo Township	MI							

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 24543

### **MEDIACOM INDIANA 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	94	40.49-53.04					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	0	40.49-53.04					
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	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential				
• Pay cable	PP	Motel, hotel		Variety TV	#####	
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	75.00	Burglar protection				
Additional set(s)	49.00	Other services:				
• FM radio (if separate rate)		Reconnect	49.00			
Converter	9.99	Disconnect				
		Outlet relocation	49.00			
		Move to new address				

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24543

### **MEDIACOM INDIANA 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
WGVU (HD) PBS	11	E	Grand Rapids, MI
WGVU-DT2 PBS Kids	11.2	E-M	Grand Rapids, MI
WGVU-DT3 PBS Encore	11.3	E-M	Grand Rapids, MI
WGVU-DT4 PBS MHz Worldvi	11.4	E-M	Grand Rapids, MI
WLLA Family TV	45	<u>l</u>	Kalamazoo, Mi
WLLA-DT2 MeTV	45.2	I-M	Kalamazoo, Mi
WLLA-DT3 H&I	45.3	I-M	Kalamazoo, Mi
WOOD NBC	7	N	Grand Rapids, MI
WOOD-DT2 Rewind TV	7.2	I-M	Grand Rapids, MI
WOOD-DT3 Defy	7.3	I-M	Grand Rapids, MI
WOTV ABC (HD)	20	N	Battle Creek, MI
WOTV-DT2 CW	20.2	I-M	Battle Creek, MI
WOTV-DT3 Charge	20.3	I-M	Battle Creek, MI
WOTV-DT4 Dabl	20.4	I-M	Battle Creek, MI
WTLJ TCT	24	<u>l</u>	Muskegon, Mi
WWMT CBS (HD)	8	N	Kalamazoo, MI
WWMT-DT2 IND (HD)	8.2	I-M	Kalamazoo, MI
WWMT-DT3 TBD	8.3	I-M	Kalamazoo, Mi
WXMI FOX (HD)	19	l	Grand Rapids, MI
WXMI-DT2 Antenna TV	19.2	I-M	Grand Rapids, MI
WXMI-DT3 Bounce TV	19.3	I-M	Grand Rapids, MI
WXMI-DT4 Defy	19.4	I-M	Grand Rapids, MI
WXMI-DT5 getTV	19.5	I-M	Grand Rapids, MI
WXSP MyNetwork TV (HD)	15	1	Grand Rapids, MI

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24543 MEDIACOM INDIANA LLC **PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G 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 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: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WXSP-DT2 Stadium 15.2 I-M Grand Rapids, MI WXSP-DT3 Comet 15.3 I-M Grand Rapids, MI WZPX ION (HD) 44 **BATTLE CREEK, MI** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24543

### **MEDIACOM INDIANA LLC**

### PRIMARY TRANSMITTERS: RADIO

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

H

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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nd: 2024/2						EOE	RM SA1-2E. PAGE 5.
	CABLE SYS	TEM:				FOI	SYSTEM ID#
MEDIACOM INDIANA	LLC						24543
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furtle explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. Ouring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  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.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Tôers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is ilicensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517."  Column 6: State the times when the substitute program wa							
to delete under FCC rules was substituted for prograt effect on October 19, 1976	and regulati	ons in effect of your system w	during the accounting period as permitted to delete under the delete under	d; enter the loer FCC rules	etter "P" i and regu N SUBST	f the listed purchased for the listed purchase	
	MEDIACOM INDIANA  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space of the call to column 1: Give the title period, was broadcast by a under certain FCC rules, red to column 2: If the program of the case of Mexican or Calumn 3: Give the broad the case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 gives the mofirs	MEDIACOM INDIANA LLC  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCER  • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, on the column 3: Give the call sign of the Column 4: Give the broadcast stating the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that the effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	MEDIACOM INDIANA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broaded Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your syfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program of the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former Fexplanation of the programming that must be included in this log, see page (v) of the substitute basis during the accounting period, under specific present and former Fexplanation of the programming that must be included in this log, see page (v) of the substitute basis broadcast by a distant Station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete underfect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITL	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regi explanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonribroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever per clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program.  Column 5: Give the month and day when your system carried by your cable syster to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  2. LIVE? 3. STATIONS  5. MONT	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM INDIANA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, c explanation of the programming that must be included in this log, see page (v) of the general instructions  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for function of the program in the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numer first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.i. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" i was substituted for programming that your system was	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM INDIANA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television programcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accour period, was broadcast by a distant station and that your cable system substitute for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is locensed by the FCC or the case of Mexican or Canadian stations, if any, the community to which the station is locensed by the FCC or the case of the state the

Accounting Period:	2024/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC			Sì	STEM ID# 24543
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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.	em's secon	ndary transmi ompute this a	ssion service mount, see	5,133.91 ss 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 but less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less page (vi) of the general instructions located in the paper SA1-2 form for more infor	less than		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fer accounting period is \$52.00	e that you	must pay for t	nis six-mon	
	Line 1. Royalty fee for accounting period			\$	52.00
	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		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (				
	Base amount under statutory formula	2	63,800.00	·	
	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)				
	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	d 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but les	s than \$527,6	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	2	63,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01	<u> </u>			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>.</u>	;	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · <u> </u>		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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		3	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	5	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	67.00
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 for		-		nts!

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF MEDIACOM INDIANA				SYSTEM ID# 24543
<b>M</b> Channels	to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable syst	the cable system's to of channels on which on broadcast stations of activated channels tem carried television b	tal number		27 57
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			RMATION IS NEEDED (Identify an individual to whom	
for Further Information		neth J. Kohrs  Mediacom Way		Telephone	845-443-2762
	(Number	r, street, rural route, apartmo		a number)	
	Email	wn, state, zip)  Copyrights@med	diacomc	c.com Fax (optional)	
0	CERTIFICATION (This sta	atement of account mus	st be cert	ified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereb	by certify that (Check on	ne, <i>but onl</i> j	y one, of the boxes.)	
	(Owner other t	than corporation or pa	artnership	<ul> <li>a) I am the owner of the cable system as identified in line 1 of space E</li> </ul>	3; or
	in line 1 of s	space B and that the ow	vner is no	urtnership) I am the duly authorized agent of the owner of the cable s t a corporation or partnership; or	
	in line 1 of s	space B.		ation) or a partner (if a partnership) of the legal entity identified as own	
		orrect to the best of my l		clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	
			X	/s/ Kenneth J. Kohrs	
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Kenneth J. Kohrs	
				Vice President, Financial Reporting	
		Date:		2/14/2025	

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

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24543 MEDIACOM INDIANA 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