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 ILLINOIS LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY						
	(Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)						

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

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM ILLINOIS LLC	330						
	Instructions: List each separate community served by the cable system. A "comm							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated area							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte							
	as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	le home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	TOLONO	<u> </u>						
Community	PESOTUM	<u> </u>						
	MONTICELLO	IL						
Rows as Necessary	BEMENT	L						
·								
		•						
		•						
		•						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33045

MEDIACOM ILLINOIS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	453	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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	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# 33045

MEDIACOM ILLINOIS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND(HD) NBC	17	N	DECATUR, IL
WAND-DT2 CoziTV	17.2	I-M	DECATUR, IL
WBUI/WBUI(HD) CW	22	<u> </u>	DECATUR, IL
WBUI-DT2 DABL	22.2	I-M	DECATUR, IL
WBUI-DT3 Nest	22.3	I-M	DECATUR, IL
WCCU/WCCU (HD) Fox	26	 	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	<u>l</u>	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# 33045

MEDIACOM ILLINOIS 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.

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
	l						
	l						
							
	l						
	l						
							
							
							
							
							
							
							
							
							
							
							
							

Accounting Perio							FORI	M SA1-2E. PAGE 5	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MEDIACOM ILLINOIS	LLC						33045	
ı	SUBSTITUTE CARRIAG								
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta						YES	X NO	
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer	ıs "Yes," you r	nust compl	ete the pro	gram	
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs			rate line. Use abbreviatior	ns wherever po	ossible, if th	eir meanin	g is	
	clear. If you need more spa								
				vision program ("substitut					
	period, was broadcast by a		,	,		0 0			
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs		ovies of basi	ketball. List specific progr	am unes, for e	example, i	Love Lucy	OI	
	-		dcast live. ent	er "Yes." Otherwise enter	"No."				
				casting the substitute prog					
			,	the community to which the		•	he FCC or,	in	
	the case of Mexican or Ca								
		,	when your sy	stem carried the substitut	te program. Us	se numerals	s, with the r	month	
	first. Example: for May 7 g		o cubetituto pr	ogram was carried by you	ır cabla evetar	m List tha t	imos accur	ratoly	
	to the nearest five minutes								
	stated as "6:00-6:30 p.m."	•	a program oar	nou by a cyclom nom olo	1. 10 p.iii. to 0	.20.00 p.m.	onodia bo		
			e listed program	m was substituted for prog	gramming that	your syste	m was <i>requ</i>	uired	
	to delete under FCC rules								
	was substituted for prograi	mming that	your system w	as permitted to delete un	der FCC rules	and regula	itions in		
	effect on October 19, 1976	i.							
					\\/\LE	N SUBSTI	TUTE		
	9	LIBSTITLIT	E PROGRAM	Λ		AGE OCCI	_	7. REASON FOR	
			3. STATION'S		5. MONTH		IMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		_ TO		
] [
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Accounting Period:	2024/2			FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			S	YSTEM ID# 33045			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross 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 than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2	· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K	\$	209,696.81					
	3. Subtract line 2 from line 1	\$	54,103.19					
	4. Enter the amount of gross receipts from space K		. \$ 2	209,696.81				
	5. Enter the amount from line 3		. \$	54,103.19				
	6. Subtract line 5 from line 4		\$ 1	55,593.62				
	7. Multiply line 6 by .005 (enter figure here)			\$	777.97			
	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		\$	777.97			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)				
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1		,					
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .						
	FILING FEE AND TOTAL REMITTANCE DU	E						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	777.97				
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			\$	797.97			
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				hts!			

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS LL			SYSTEM ID# 33045
M Channels	to its subscribers, and (2) the subscribers, and (2) the subscribers, and (2) the subscribers and (2) the subscribers are subscribers, and (2) the subscribers, and (3) the subscribers, and (3) the subscribers, and (4) the subscribers, and (5) the subscribers, and (6) the	he cable system's total f channels on which the broadcast stations	annels on which the cable system carried television number of activated channels during the accounting cable	period.
	Enter the total number of on which the cable systen and nonbroadcast service	n carried television broa	adcast stations	54
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s		INFORMATION IS NEEDED (Identify an individual	to whom
for Further Information		th J. Kohrs		Telephone 845-443-2762
	(Number, s	ediacom Way treet, rural route, apartment, com Park, NY 109 state, zip) Copyrights@media	918	ptional)
O Certification	(Owner other that (Agent of owner in line 1 of spanning	certify that (Check one, to an corporation or partnother than corporation ace B and that the owned ace B. The corporation of the corporation ace B. The corporation of the corporation ace B.	be certified and signed in accordance with Copyright but only one, of the boxes.) Hership) I am the owner of the cable system as identified or partnership) I am the duly authorized agent of the ris not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal substitution of the legal substitution or partnership of the legal substitution or partnership of the legal substitution of the legal substi	eed in line 1 of space B; or e owner of the cable system as identified entity identified as owner of the cable system
	[18 U.S.C., Section 1001(19	[86]	/s/ Kenneth J. Kohrs ter an electronic signature on the line above to certify the ser signature using an "/s/ signature" (e.g., /s/ John Smit	is statement.
		Typed or printed nar	поновновновновновновновновновновновновнов	
			roup Vice President, Financial Reporti position held in corporation or partnership)	ng
		Date:	2/	14/2025

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counting Period: 2024/2	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 b lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sharescribers and amounts collected from subscribers receiving secondary transmissions pursuant to	n for the basic all not include sub- to section 119." Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general ins located in the paper SA1-2 form.	tructions
During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? X NO	ary transmissions
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the pa	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
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	interest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further 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 Copyr list below the owner, address, first community served, ID number, and accounting period as given in t	•
Owner Address	
ID number	
First community served Accounting period	

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