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.

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

08/28/20

AMOUNT

ALLOCATION NUMBER

SA1-2E Short Form

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	ACCO	OUNTING 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
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. Box 334, 1102 N. Fourth Street
	2	(Number, street, rural route, apartment, or suite number)
		Chillicothe, IL 61523 (City, town, state, zip code)
	.	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	MEDIACOM ILLINOIS LLC	275
	Instructions: List each separate community served by the cable system. A '	
_	"a separate and distinct community or municipal entity (including unincorp	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	r mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Dallas City	IL
Community	Lomax	II.
	Pontoosuc	
dd Rows as Necessary	ROSEVILLE	IL.
	OQUAWKA	IL IL
	NAUVOO	IL
	STRONGHURST	IL

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM						FORM SA1	TEM ID
Name								515	2754
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	n broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in th	at category (the	number c	of persons or or	ganization		
	separately for the particular serv Rate: Give the standard rate of							ae and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adv	ance payment.					
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•			
	sufficient.						BLOC	< 2	
		NO. OF		DATE	0.4.7			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		579	29.99-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.99-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATES	6				
F	In General: Space F calls for ra	•	,		-	• •			
	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur		usually	y billed. If any ra	tes are cł	narged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cah	le system for ea	ch of the	annlicable servi	cas listad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	rate for each.			1		
		BLO	-					BLOCK 2	1
	CATEGORY OF SERVICE Continuing Services:	RATE	-	GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services.	PP		otel, hotel	uentiai		Family	Cable	84.9
	Pay cable			ommercial			· · · · · · · · · · · · · · · · · · ·	Cubic	•
	Pay cable Pay cable—add'l channel	PP							
	Pay cable Pay cable—add'l channel Fire protection		_	y cable					
	• Pay cable—add'l channel		•Pa	y cable y cable-add'l ch	annel				
	Pay cable—add'l channel Fire protection		•Pa •Pa		annel				
	 Pay cable—add'l channel Fire protection Burglar protection 		•Pa •Pa •Fir	y cable-add'l cha	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Pa • Pa • Fir • Bu	y cable-add'l cha e protection rglar protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 99.99	• Pa • Pa • Fir • Bu Other	y cable-add'l cha e protection rglar protection	annel	49.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 99.99	• Pa • Pa • Fir • Bu Other • Re	y cable-add'l cha e protection rglar protection services:	annel	49.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.99 15.00-49.00	• Pa • Pa • Fir • Bu Other • Re • Dis	y cable-add'l cha e protection rglar protection services: connect	annel	49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS I			27
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: 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 al basis. For further information	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 e explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruct	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions.
	multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	with a station according to its over-the	e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). h is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA/KHQA(HD) CBS		N	HANNIBAL, MO
				I
	KHQA-DT2/KHQA-DT2 (HD) A	7.2	N-M	HANNIBAL, MO
Rows as Necessary	KHQA-DT3 Comet	7.3	I-M	HANNIBAL, MO
l Rows as Necessary		7.3 12		
l Rows as Necessary	KHQA-DT3 Comet	7.3	I-M	HANNIBAL, MO
Rows as Necessary	KHQA-DT3 Comet KIIN (PBS)	7.3 12	I-M E	HANNIBAL, MO lowa City, IA
Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX	7.3 12 49	I-M E I	HANNIBAL, MO Iowa City, IA DAVENPORT, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC)	7.3 12 49 33	I-M E I N	HANNIBAL, MO Iowa City, IA DAVENPORT, IA OTTUMWA, IA
ł Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC	7.3 12 49 33 36	I-M E I N N	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi	7.3 12 49 33 36 36.3	I-M E I N N I-M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I	7.3 12 49 33 36 36.3 36.4	I-M E I N N I-M I-M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV	7.3 12 49 33 36 36.3 36.4 36.5	I-M E I N N N I-M I-M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX)	7.3 12 49 33 36 36.3 36.4 36.5 15 10	I-M E I N N I-M I-M I-M I-M I	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC	7.3 12 49 33 36 36.3 36.4 36.5 15 10	I-M E I N N I-M I-M I-M I N	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA Quincy, IL
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW)	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2	I-M E I N N I-M I-M I I N I-M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Quincy, IL Quincy, IL
ł Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD)	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3	I-M E I N N I-M I-M I I N I-M I I N I-M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD)	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4	I-M E I N N I-M I-M I I N I I N I-M I I N I-M I I I I I I I I I I I I I I I I I I	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Quincy, IL Quincy, IL Quincy, IL
ł Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM-DT2/WGEM-DT2 (CW) WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4	I-M E I N N I-M I-M I I N I-M I I N I-M I M I-M I N N	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL
I Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WMEC/WMEC(HD) PBS	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4 7 21	I-M E I N N I M I-M I-M I I N I M I M I M I M I M I M I M I M	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL MACOMB, IL
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WMEC/WMEC(HD) PBS WMWC (TBN)	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4 7 21 8	I-M E I N N I M I-M I-M I I N I N I M I M I M I M I I N I I N I I N I I I N I I I I	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Moline, IL
I Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WGEM-DT4 MeTV (HD) WHBF/WHBF(HD) CBS WMWC (TBN) WQAD/WQAD(HD) ABC	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4 7 21 8 38	I-M E I N N N I-M I-M I I N I N I N I N I N I N I N I N I N	HANNIBAL, MO lowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Rock Island, IL Moline, IL
I Rows as Necessary	KHQA-DT3 Comet KIIN (PBS) KLJB/KLJB(HD) FOX KTVO (ABC) KWQC/KWQC(HD) NBC KWQC-DT3 Cozi KWQC-DT4 H&I KWQC-DT5 Start TV KYOU (FOX) WGEM/WGEM(HD) NBC WGEM/WGEM(HD) NBC WGEM-DT2/WGEM-DT2 (CW) WGEM-DT3/WGEM-DT3 (HD) WHBF/WHBF(HD) CBS WMEC/WMEC(HD) PBS WMWC (TBN) WQAD/WQAD(HD) ABC WQAD-DT2 Antenna	7.3 12 49 33 36 36.3 36.4 36.5 15 10 10.2 10.3 10.4 7 21 8 38 38.2	I-M E I N N N I-M I-M I I N I I N E E I I N N E I N N N I I N I I N I I I I	HANNIBAL, MO Iowa City, IA DAVENPORT, IA OTTUMWA, IA Davenport, IA Davenport, IA Davenport, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL MACOMB, IL Moline, IL Moline, IL

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM ILLINOIS I	LC		2754
	PRIMARY TRANSMITTERS:	FELEVISION		
G	carried by your cable system FCC rules and regulations in	during the accounting period, <i>except</i> effect on June 24, 1981, permitting	translator stations and low power tele of (1) stations carried only on a part-tim he carriage of certain network program	ne basis under ns [sections
Primary Transmitters: Television	substitute program basis, as	explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	
	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (the Special Statement and Program Lo	
	basis. For further information Column 1: List each station' multicast stream associated	concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WR	number the FCC assigned to the tel C is channel 4 in Washington, D.C.	evision station for broadcasting over th station, an independent station, or a n	
	educational station, by enteri (for independent multicast), " For the meaning of these ter	ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instr	(for network multicast), "I" (for indepen or "E-M" (for noncommercial education	ident), "I-M" nal multicast).
			the community with which the station is	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MEDIACOM	FOWNER OF (ISTEM.					SYSTEM
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei it the Co l sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. That was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 122 51011						5,6		
						·		
						·		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27541
	SUBSTITUTE CARRIAG)G			
I	In General: In space I, ident				-	tion that w	ur ochlo ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?			-		YES	× NO
r rogram Log	-				(1) (1)		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llaa abbraviation	a whorever p	oooiblo ift	hair maanin	a io
	In General: List each subs clear. If you need more spa				s wherever p			J 15
				vision program ("substitut	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete uni		s and regul		
		•			1			1
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01 110					10	
							_	
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			S	YSTEM ID# 27541
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 syster (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 receipt	em's sec of how to	condary transm compute this a	ission service amount, see	1,803.73 pss 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor BLOCK 1: GROSS RECEIPTS OF \$137,10	less that rmation.	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that yo	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (
	1. Base amount under statutory formula	;	263,800.00		
	2. Enter amount of gross receipts from space K	;	191,803.73		
	3. Subtract line 2 from line 1	;	71,996.27		
	4. Enter the amount of gross receipts from space K	· · · · · · · · ·	\$ 1	91,803.73	
	5. Enter the amount from line 3	· · · · · · · · ·	\$	71,996.27	
	6. Subtract line 5 from line 4		\$ 1	19,807.46	
	7. Multiply line 6 by .005 (enter figure here)			\$	599.04
	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	ıd 8		\$	599.04
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	1. 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				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · .	\$	599.04	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	· · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	619.04
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ILLINOIS LLC	SYSTEM ID# 27541
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	32 72
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845	-443-2762
	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)	
O Certification	I, the undersig (Ow X (Age i I have examinare true, complete	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (if ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/ Kenneth J. Kohrs 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 Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 8/12/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ILLINOIS LLC	2754
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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