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

Return completed workbook by email to:

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

## DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	23271
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number)	
	1	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM ILLINOIS LLC	2327
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area	identified city.	sine parks should be reported in parentileses below the
Served		
	CITY OR TOWN	STATE
First	Robinson	IL
Community	Crawford County	IL
-	Hutsonville	IL
Add Rows as Necessary	Oblong	IL
au nows as necessary	Palestine	IL
	Stoy	
		•

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID	
Name	MEDIACOM ILLINOIS LI								2327	
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable		
—	system, that is, the retransmission	•		-		•				
Secondary	about other services (including p	oay cable) in sp	ace F,	not here. All th	e facts yo	u state must be				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo ovetom	brokon		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n			•		•				
	separately for the particular serv							na and the		
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	•		,						
	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	able service to a	additior	nal sets would l	be include	d in the count u	•			
	first set" and would be counted of						, different f	rom those		
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t									
	with the number of subscribers a					,	,,	, 0		
	sufficient.			1						
	BLO	OCK 1 NO. OF					BLOCK	2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		1,008	29.95-61.54						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	29.95-61.54						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra					all your cable sy	stem's serv	rices that were		
F	not covered in space E, that is, t						-			
Services	service for a single fee. There and furnished at cost or (2) services	•			0					
Other Than										
Secondary	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.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Nates	BIOCK 2: List any services that your cable system turnished 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) descrip									
		BLOO	CK 1		BLOC			BLOCK 2	CK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	sidential					
	• Pay cable	PP		tel, hotel			Family	Cable	84.9	
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP		mmercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l cł	nannel					
	Installation: Residential			e protection						
	First set	99.99		rglar protection						
	$- \Lambda = - +$		other	services:						
	• Additional set(s)	15.00-49.00				40.00				
	• FM radio (if separate rate)			connect		49.00				
		10.50	• Dis	connect connect						
	• FM radio (if separate rate)		• Dis • Ou	connect	-055	49.00 15.00-49.00				

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM ILLINOIS I	LLC		23					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system	<b>n General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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 ransmitters:	76.59(d)(2) and (4), 76.61(e)	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	s	•					
Television		With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a sub	ostitute program					
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	in space G—but do list it in space I (th a substitute basis.							
	basis. For further information <b>Column 1:</b> List each station'	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	, see page (v) of the general instructi program services such as HBO, ESP	ons. N, etc. Identify each					
	"WETA-2" as the same on th	with a station according to its over-the ne form. I number the FCC assigned to the tele							
	of license. For example, WF <b>Column 3:</b> Indicate in each of	RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial					
	(for independent multicast), "	ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c	or "E-M" (for noncommercial education	,.					
	Column 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	t the community to which the station	5					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN					
	WAWV-DT Grit	39.2	I-M	TERRE HAUTE, IN					
	WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN					
	WCIX-DT MYNET	13.1	I-M	Springfield, IL					
			-						
Rows as Necessary	WEIU/WEIU(HD) PBS	50	E	Charleston, IL					
Rows as Necessary	WEIU/WEIU(HD) PBS WEIU-DT2 PBS MHz Worldvie	50.2	E E-M	Charleston, IL Charleston, IL					
Rows as Necessary	-								
Rows as Necessary	WEIU-DT2 PBS MHz Worldvie	50.2	E-M	Charleston, IL					
Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS	50.2 9	E-M E	Charleston, IL URBANA, IL					
Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD	50.2 9 9.2	E-M E E-M	Charleston, IL URBANA, IL URBANA, IL					
Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE	50.2 9 9.2 9.3 10	E-M E E-M E-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL					
Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS	50.2 9 9.2 9.3 10	E-M E E-M E-M N	Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO	50.2 9 9.2 9.3 10 10.2	E-M E E-M E-M N I-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV	50.2 9 9.2 9.3 10 10.2 10.3	E-M E E-M E-M N I-M I-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC	50.2 9 9.2 9.3 10 10.2 10.3 36	E-M E E-M E-M I-M I-M N	Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2	E-M E E-M E-M N I-M I-M I-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FQ WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3	E-M E E-M E-M i-M i-M i-M i-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape WTWO-DT4 Cozi TV WUSI/WUSI (HD) PBS	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19	E-M E E-M E-M N I-M I-M I-M I-M I-M I-M E	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Onley, IL					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape WTWO-DT3 Escape WTWO-DT4 Cozi TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2	E-M E E-M E-M I-M I-M I-M I-M I-M I-M E E E-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Onley, IL Onley, IL					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape WTWO-DT4 Cozi TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD WUSI-DT3 PBS CREATE	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2 19.3	E-M E E-M E-M N I-M I-M I-M I-M I-M E E E E-M E-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Onley, IL Onley, IL					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape WTWO-DT3 Escape WTWO-DT4 Cozi TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2	E-M E E-M E-M I-M I-M I-M I-M I-M I-M E E E-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Onley, IL					
I Rows as Necessary	WEIU-DT2 PBS MHz Worldvie WILL-WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Escape WTWO-DT4 Cozi TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD WUSI-DT3 PBS CREATE	50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2 19.3	E-M E E-M E-M N I-M I-M I-M I-M I-M E E E E-M E-M	Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Onley, IL Onley, IL					

counting Period:	2020/2			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I			
Naille	MEDIACOM ILLINOIS	LLC		232			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under			
Primary			61(e)(2) and (4))]; and (2) certain static				
Transmitters:		explained in the next paragraph.					
Television	Substitute Basis Stations:	With respect to any distant stations of	arried by your cable system on a subs	titute program			
		es, regulations, or authorizations:					
			the Special Statement and Program Lo	og)—if the			
	station was carried only on a						
		•	ed both on a substitute basis and also d				
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each						
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream					
	"WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community						
		RC is channel 4 in Washington, D.C.					
			station, an independent station, or a n				
	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. <b>Column 4:</b> 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.						
		an stations, if any, give the name of					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
				h			

EGAL NAME OF			YSTEM:					SYSTEM 232
	every radio s	tation ca	rried on a separate and discrence of the second sec					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal 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 ant his point, see pa ed by the cable le station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii 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	
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Accounting Perio	od: 2020/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						23271
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	)G			
I I	In General: In space I, ident					tion that y	our cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	01	<i>'</i>	•	, 0	,		
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special	During the accounting per	-			asis any nonr	network te	levision nroa	ram
Statement and				in ourry, on a substitute be	iolo, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego	ries like "m						
	"NBA Basketball: 76ers vs.				<i>"</i>			
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes		a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."			n was substituted for prog	remming that	vour evet	em was requ	uired
	Column 7. Enter the left	ier k ittne	e listed prodrar					
	Column 7: Enter the lett							
	Column 7: Enter the left to delete under FCC rules was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules a was substituted for program	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed pro lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o your system w	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regu	f the listed pro- lations in	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that 	tions in effect o	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that 	tions in effect of your system w	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that 	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	0d; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that 	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	0d; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that 	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	0d; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC				8YSTEM ID# 23271
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting the space of the statement in space P concerning gross receipting the space of the space of the statement in space P concerning gross receipting the space of the space	ystem's se n of how to	condary transm compute this a	ission service amount, see \$ 28	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that yo	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	es 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	289,861.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	26,061.00		
	4. Multiply line 3 by .01		\$	260.61	
	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 .		\$	1,579.61
	FILING FEE AND TOTAL REMITTANCE DU	Ε			
Filing Fee and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,579.61	
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			\$	1,599.61
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				ghts!

Accounting Period	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 23271
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	28 67
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Kenneth J. Kohrs	845-443-2762
Information	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	X       /s/ Kenneth J. Kohrs         Inter 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:       2/15/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ILLINOIS LLC	2327
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusior
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	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 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	_
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 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
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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