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))	
		2020/2 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.	27113
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN 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 a 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:	
	1	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	<u> </u>	1504 Second Street S.E.	
	2	(Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
	I	(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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	MEDIACOM WISCONSIN LLC	271
	Instructions: List each separate community served by the cable system. A "commu	nity" is the same as a "community unit" as defined in FCC rule
P	"a separate and distinct community or municipal entity (including unincorporated o	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
		hist will serve as a form of system identification hereafter kild
	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	home parks should be reported in parentheses below the
	identified city.	
Served		
	CITY OR TOWN	STATE
First	Mauston	WI
Community		WI
Community	Camp Douglas	
	Hustler	WI
ld Rows as Necessary	Juneau County	WI
a nono ao necessary	Necedah	
		WI
	New Lisbon	WI
	Germantown	WI
	Norwalk	WI
	Ontario	WI
	Wilton	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1		
Name	MEDIACOM WISCONSIN								2711	
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	bace 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 svetom	brokon		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n	,		0 / 3		•				
	separately for the particular serv							and the		
	Rate: 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	additior	nal sets would l	be include	d in the count u	•			
	first set" and would be counted o									
	Block 2: If your cable system printed in block 1 (for example, t	-								
	with the number of subscribers a									
	sufficient.		•		- -	•				
	BLO	OCK 1 NO. OF					BLOCK	2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		713	29.95-74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.95-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s					
-	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 ar furnished at cost or (2) services	•			•					
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	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									
Rates	listed in block 1 and for which a	• •			-	-	•			
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1		BLOCK 2			BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	RVICE	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	sidential					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	84.9	
	 Pay cable—add'l channel 	PP	• Co	mmercial						
	Fire protection		• Pa	y cable						
	•Burglar protection			y cable-add'l cl	hannel					
	Installation: Residential			e protection						
		00.00	• Bu	rglar protection	1					
	• First set	99.99	- · · ·							
	 Additional set(s) 	99.99 15.00-49.00		services:						
	• Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Re	connect		49.00				
	 Additional set(s) 		• Re • Dis	connect sconnect						
	• Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Re • Dis • Ou	connect		49.00 15.00-49.00				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	MEDIACOM WISCONS	IN LLC		2
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	tify every television station (including during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.0 explained in the next paragraph.	g translator stations and low power te of (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub	ime basis under ams [sections tions carried on a
Television	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	es, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. so in space I, if the station was carrie oconcerning substitute basis stations	the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF	_og)—if the o on some other ons.
	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	with a station according to its over-th e form. number the FCC assigned to the tel C is channel 4 in Washington, D.C. case whether the station is a network ng the letter "N" (for network), "N-M"	e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	ort multistream the air in its community noncommercial endent), "I-M"
	For the meaning of these ter Column 4: Give the location	ms, see page (iv) of the general instr of each station. For U.S. stations, lis		is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEAU/WEAU (HD) (NBC)	38	N	Eau Claire, WI
	WEAU-DT2 Antenna TV	38.2	I-M	Eau Claire, WI
	WEAU-DT3 Heroes & Icons	38.3	I-M	Eau Claire, WI
	WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI
	WEAU-DT5 Start TV	38.5	I-M	Eau Claire, WI
			_	
	WHLA/WHLA(HD) PBS	30	E	MADISON, WI
Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS	30 30.2	E E-M	MADISON, WI MADISON, WI
d Rows as Necessary				
d Rows as Necessary	WHLA-DT2 PBS	30.2	E-M	MADISON, WI
l Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create	30.2 30.3	E-M E-M	MADISON, WI MADISON, WI
l Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids	30.2 30.3 30.4	E-M E-M E-M	MADISON, WI MADISON, WI MADISON, WI
d Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION	30.2 30.3 30.4 57	E-M E-M E-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI
l Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS	30.2 30.3 30.4 57 50	E-M E-M I N	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI
Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS)	30.2 30.3 30.4 57 50 8	E-M E-M I N N	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI
Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet	30.2 30.3 30.4 57 50 8 8 8.2	E-M E-M I N N N I-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI
Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC	30.2 30.3 30.4 57 50 8 8 8.2 26	E-M E-M I N N I N N I-M N	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI
Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2	E-M E-M i N N N i-M N	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI
Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD	30.2 30.3 30.4 57 50 8 8 8.2 26 26 26.2 26.3	E-M E-M I N N I N I-M I-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI
l Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT3 PBS Create WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD WKOW-DT4 Court TV HD	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2 26.3 26.3 26.4	E-M E-M I N N I N I-M I-M I-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI Madison, WI
I Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD WKOW-DT4 Court TV HD	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2 26.3 26.4 26.5	E-M E-M I N N N I-M I-M I-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI
l Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD WKOW-DT4 Court TV HD WKOW-DT5 Justice Network WLAX/WLAX (HD) (FOX)	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2 26.2 26.3 26.4 26.5 17	E-M E-M E-M I N N I N I-M I-M I-M I-M I-M	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
d Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD WKOW-DT4 Court TV HD WKOW-DT5 Justice Network WLAX/WLAX (HD) (FOX) WLAX-DT2 Decades	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2 26.3 26.3 26.4 26.5 17 17.2	E-M E-M E-M N N N I N I-M I-M I-M I I I I I I I	MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI La CROSSE, WI LA CROSSE, WI
d Rows as Necessary	WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WIFS ION WISC/WISC(HD) CBS WKBT/WKBT (HD) (CBS) WKBT-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD WKOW-DT3 Decades HD WKOW-DT4 Court TV HD WKOW-DT5 Justice Network WLAX/WLAX (HD) (FOX) WLAX-DT2 Decades WLAX-DT3 Laff	30.2 30.3 30.3 30.4 57 50 8 8 8.2 26 26.2 26.3 26.3 26.4 26.5 17 17.2 17.3	E-M E-M E-M I N N I N I-M I-M I-M I-M I I I I I I I I I	MADISON, WI MADISON, WI MADISON, WI MADISON, WI Janesville, WI Madison, WI La Crosse, WI La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI La Crosse, WI

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE			
Name	MEDIACOM WISCONS	IN LLC		2			
	PRIMARY TRANSMITTERS:	FELEVISION					
~	In General: In space G, iden	tify every television station (including t	translator stations and low power	television stations)			
G	carried by your cable system	during the accounting period, except	(1) stations carried only on a par	t-time basis under			
iman		effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.63					
Primary Insmitters:		explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain s	Tations carried on a			
levision	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a s	substitute program			
		es, regulations, or authorizations: in space G—but do list it in space I (th	a Special Statement and Program	n Log) _if the			
	station was carried only on a	• • • •	le opecial otalement and ritogram				
	• List the station here, and al	so in space I, if the station was carried					
		n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination p					
		with a station according to its over-the	-	-			
	"WETA-2" as the same on th	e form.					
		number the FCC assigned to the telev C is channel 4 in Washington, D.C.	vision station for broadcasting over	er the air in its community			
	• • •	case whether the station is a network s	station, an independent station, or	r a noncommercial			
		ing the letter "N" (for network), "N-M" (f		. ,			
		E'' (for noncommercial educational), o		ational 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						
				on is licensed by the			
	Column 4: Give the location		the community to which the static	5			
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the static	5			
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the static	5			
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the static	5			
	Column 4: Give the location FCC. For Mexican or Canadi	of each station. For U.S. stations, list ian stations, if any, give the name of th	the community to which the static ne community with which the static	on is identified.			
	Column 4: Give the location FCC. For Mexican or Canadi	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the static ne community with which the static 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3	the community to which the static ne community with which the static 3. TYPE OF STATION I-M	A. LOCATION OF STATION Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M N	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2	the community to which the static ne community with which the static 3. TYPE OF STATION I-M N I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3	the community to which the static ne community with which the static 3. TYPE OF STATION I-M N I-M I-M I-M	A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 WeatherNation TV	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M	A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 WeatherNation TV WMTV-DT5 Start TV	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV-DT4 TBD WMTV-DT2 CW HD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 WeatherNation TV WMTV-DT5 Start TV WXOW/WXOW (HD) (ABC)	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 48	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI LA CROSSE, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV-DT4 TBD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WXOW/WXOW (HD) (ABC) WXOW-DT2 (CW) /WXOX-DT2	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 48 48.2	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI LA CROSSE, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV-DT3 Charge WMSN-DT4 TBD WMTV-DT2 CW HD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WXOW/WXOW (HD) (ABC) WXOW-DT2 (CW) /WXOX-DT2 WXOW-DT3 MeTV	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 48 48.2 48.2 48.3	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI LA CROSSE, WI Madison, WI Madison, WI			
	Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV-DT3 Charge WMTV-DT2 CW HD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WMTV-DT5 Start TV WXOW/WXOW (HD) (ABC) WXOW-DT2 (CW) /WXOX-DT2 WXOW-DT3 MeTV WXOW-DT4 Court TV	of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.2 19.3 19.4 19.5 48 48.2 48.3 48.4	the community to which the static ne community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI LA CROSSE, WI Madison, WI			

MEDIACOM	OWNER OF C							SYSTEM 27
	every radio s	tation ca	arried 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: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processe k 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 pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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	

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						27113
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G			
I I	In General: In space I, ident	-	-			tion that w	our cable ave	tom corried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			asis anv nonr	network te	levision prog	ram
Statement and	broadcast by a distant sta	-			,,			×NO
	-						YES	
	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	nat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ant	ar "Vac" Otherwise enter	"No"			
				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						,	
			y when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth
	first. Example: for May 7 gi					1:-44	4:	-4-1
	to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. слатрю.	a program car		1. 10 p.m. to 0	.20.00 p.i		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	iired
	to delete under FCC rules	and regulat	tions in effect o					ogram
	to delete under FCC rules a was substituted for program	and regulat nming that	tions in effect o					ogram
	to delete under FCC rules	and regulat nming that	tions in effect o					ogram
	to delete under FCC rules a was substituted for program	and regulat nming that	tions in effect o		der FCC rules		lations in	ogram
	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	vas permitted to delete und	der FCC rules WHE CARRI	and regu	Iations in TTUTE CURRED	7. REASON FOR
	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	vas permitted to delete und	der FCC rules	and regu	Iations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	vas permitted to delete und	WHE CARRI	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2020/2		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC		Ş	BYSTEM ID# 27113
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's su (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 23	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	235,170.24		
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		235,170.24	
	5. Enter the amount from line 3		28,629.76	
	6. Subtract line 5 from line 4			
				4 022 70
	 Multiply line 6 by .005 (enter figure here)			<u>1,032.70</u> 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	1,032.70
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less 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			
	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			
	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)	\$	1,032.70	
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		\$	1,052.70
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 27113
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	46 66
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact 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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)] X (s/ Kenneth J, Kohrs 	system as identified mer of the cable system
	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: 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 WISCONSIN LLC	2711
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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	_
* 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	
Address ID number First community served	

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 th 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.