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.	27607
		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 s 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:	
		MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 334, 1102 N. Fourth Street (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:	SYSTEM
Name	MEDIACOM ILLINOIS LLC	276
	Instructions: List each separate community served by the cable system. A "com	
_	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	pile home parks should be reported in parentheses below the
Served	identified city.	
Gerveu		
		07475
	CITY OR TOWN	STATE
First	Delavan	L.
Community	Emden	IL IL
	Green Valley	
	San Jose	IL
d Rows as Necessary		
	Cantrall	IL
	Middletown	IL
	New Holland	
	Greenview	
	Hartsburg	IL
	Elkhart	IL

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	2760
	MEDIACOM ILLINOIS LI	_0							
-	SECONDARY TRANSMISSION	I SERVICE: SI	UBSCR	IBERS AND RA	TES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period	, , ,	'		,		liiuse exist		
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the n separately for the particular serv							charged	
	<b>Rate:</b> Give the standard rate c							e and the	
	unit in which it is generally billed	· ·		,	ny standa	ard rate variation	is within a p	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		Ũ					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system						different fr	rom those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.						51.0.01		
	BLC	OCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		521	28.04-89.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	28.04-89.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			;				
-	In General: Space F calls for rat					all your cable sy	stem's serv	ices 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	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	<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								
Rates	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEGO	RY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi					
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	84.9
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l cha	annel				
	Installation: Residential		• Fire	e protection					
		00.00	• Bur	glar protection					
	• First set	99.99							
	• First set • Additional set(s)	99.99 15.00-49.00		services:					
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00	• Red	connect		49.00			
	• First set • Additional set(s)		• Red • Dis	connect connect					
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00	• Red • Dis • Out	connect		49.00 15.00-49.00			

News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM ILLINOIS	LLC		27			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 Fransmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b>	)(2) and (4), or 76.63 (referring to 76.0 explained in the next paragraph. With respect to any distant stations of	(2) and $(3)$ ; and $(2)$ certain static	ons carried on a			
	• Do not list the station here station was carried only on a	a substitute basis.	the Special Statement and Program L ed both on a substitute basis and also				
	basis. For further information <b>Column 1:</b> List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo	ons. N, etc. Identify each			
	"WETA-2" as the same on th <b>Column 2:</b> Give the channe	ne form.	evision station for broadcasting over t				
	Column 3: Indicate in each	case whether the station is a network	station, an independent station, or a (for network multicast), "I" (for indepe				
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	or "E-M" (for noncommercial educatio	nal multicast). s licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WAND/WAND (HD) (NBC)	17	N	Decatur, IL			
	WAND-DT2 Cozi TV	17.2	N	Decatur, IL			
Rows as Necessary	WAOE (MyNET)	39	1	Peoria, IL			
	WBUI/WBUI (HD) CW	22	<u> </u>	DECATUR, IL			
	WBUI-DT2 DABL	22.2	1	DECATUR, IL			
	WBUI-DT3 Stadium	22.3	I	DECATUR, IL			
	WCIA/WCIA (HD) (CBS)	48	Ν	CHAMPAIGN, IL			
	WCIA-DT3 Bounce TV	48.3	N	Elkhart, IL			
	WCIA-DT4 Grit	48.4	N	Elkhart, IL			
	WCIX MyNet (HD)	13.2	I	SPRINGFIELD, IL			
	WCIX-DT MyNet	13.1	I	SPRINGFIELD, IL			
	WCIX-DT MyNet WCIX-DT3 Escape	<u>13.1</u> 13.3	<u> </u>	SPRINGFIELD, IL Elkhart, IL			
	WCIX-DT3 Escape	13.3		Elkhart, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff	13.3 13.4	I	Elkhart, IL Elkhart, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC)	13.3 13.4 25	1 1 1 N	Elkhart, IL Elkhart, IL Peoria, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) (	13.3 13.4 25 25.2	I I N N-M	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) (	13.3 13.4 25 25.2 25.3	I I N N-M I-M	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) ( WHOI (HD) TBD	13.3 13.4 25 25.2 25.2 25.3 19	I I N N-M I-M	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) ( WHOI (HD) TBD WICS/WICS (HD) (ABC)	13.3 13.4 25 25.2 25.2 25.3 19 42	I I N N-M I-M I N	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) ( WHOI (HD) TBD WICS/WICS (HD) (ABC) WICS-DT2 Comet	13.3 13.4 25 25.2 25.3 19 42 42.2	i i N N-M i-M i N N	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) ( WHOI (HD) TBD WICS/WICS (HD) (ABC) WICS-DT2 Comet WICS-DT3 TBD	13.3 13.4 25 25.2 25.3 19 42 42.4 42.2 42.3	I I N N-M I-M I I N N N N	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL			
	WCIX-DT3 Escape WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) ( WEEK-DT3/WEEK-DT3 (HD) ( WHOI (HD) TBD WICS/WICS (HD) (ABC) WICS-DT2 Comet WICS-DT3 TBD WICS-DT4 Charge!	13.3 13.4 25 25.2 25.3 19 42 42.2 42.3 42.4	i i N N-M i-M i N N N N N	Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Springfield, IL			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name				27				
	PRIMARY TRANSMITTERS: TELEVISION							
_		ntify every television station (including	translator stations and low power t	relevision stations)				
G	• • •	m during the accounting period, <i>excep</i>	•	,				
	FCC rules and regulations in	n effect on June 24, 1981, permitting t	he carriage of certain network progr	rams [sections				
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	31(e)(2) and (4))]; and (2) certain sta	ations carried on a				
ransmitters: Television		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a su	ubstitute program				
	basis under specific FCC ru	iles, regulations, or authorizations:						
	<ul> <li>Do not list the station here station was carried only on</li> </ul>	e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program	Log)—if the				
		also in space I, if the station was carrie	d both on a substitute basis and als	so on some other				
	basis. For further information	n concerning substitute basis stations	, see page (v) of the general instruc	ctions.				
		n's call sign. <i>Do not</i> report origination I with a station according to its over-the		-				
	"WETA-2" as the same on the	6	s-dil dooignation. Tor example,					
		el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community				
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or	a noncommercial				
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	pendent), "I-M"				
	· · · · · · · · · · · · · · · · · · ·	"E" (for noncommercial educational),	,	tional multicast).				
		rms, see page (iv) of the general instru n of each station. For U.S. stations, lis		n is licensed by the				
	<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.							
	FCC. For Mexican or Canac	tian stations, if any, give the name of t	he community with which the station	n is identified.				
	FCC. For Mexican or Canac	dian stations, if any, give the name of ו	the community with which the station	n is identified.				
	FCC. For Mexican or Canac	dian stations, if any, give the name of t	the community with which the statio	n is identified.				
	FCC. For Mexican or Canac	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION				
			·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN WMBD/WMBD (HD) (CBS)	2. B'CAST CHANNEL NUMBER 30	3. TYPE OF STATION N	4. LOCATION OF STATION Peoria, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV	2. B'CAST CHANNEL NUMBER 30 30.2	3. TYPE OF STATION N N	4. LOCATION OF STATION Peoria, IL Peoria, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape	2. B'CAST CHANNEL NUMBER 30 30.2 30.3	3. TYPE OF STATION N N N	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4	3. TYPE OF STATION N N N	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX)	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2	3. TYPE OF STATION N N N I	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT2 MeTV	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44	3. TYPE OF STATION N N N I I I	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3	3. TYPE OF STATION N N N I I I I I	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS)	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2	3. TYPE OF STATION N N N I I I E E-M	4. LOCATION OF STATION         Peoria, IL         Peoria, IL         Peoria, IL         Peoria, IL         Springfield, IL         Springfield, IL         Elkhart, IL         JACKSONVILLE, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15	3. TYPE OF STATION N N N I I I E	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT4 PBS KIDS	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4	3. TYPE OF STATION N N N I I I E E E-M E-M E-M	4. LOCATION OF STATION Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL LI JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC-WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT4 PBS KIDS WTVP/WTVP (HD) (PBS)	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46	3. TYPE OF STATION N N N I I I E E E-M E-M E-M E	4. LOCATION OF STATION         Peoria, IL         Peoria, IL         Peoria, IL         Springfield, IL         Springfield, IL         Elkhart, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         Peoria, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT3 Create WSEC-DT4 PBS KIDS WTVP/WTVP (HD) (PBS)	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.2 15.3 15.4 46 46.2	3. TYPE OF STATION N N N N I I I E E E-M E-M E-M E-M E E	4. LOCATION OF STATION         Peoria, IL         Peoria, IL         Peoria, IL         Springfield, IL         Springfield, IL         Elkhart, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         Peoria, IL				
	1. CALL SIGN         WMBD/WMBD (HD) (CBS)         WMBD-DT2 BounceTV         WMBD-DT3 Laff         WMBD-DT4 Escape         WRSP/WRSP (HD) (FOX)         WRSP-DT2 MeTV         WRSP-DT3 Antenna TV         WSEC/WSEC (HD) (PBS)         WSEC-DT3 Create         WSEC-DT4 PBS KIDS         WTVP/WTVP (HD) (PBS)         WTVP-DT2 PBS World         WTVP-DT3 PBS Create	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46 46.2 46.3	3. TYPE OF STATION N N N N I I I E E E-M E-M E-M E E E E	4. LOCATION OF STATION         Peoria, IL         Peoria, IL         Peoria, IL         Springfield, IL         Springfield, IL         Elkhart, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         Peoria, IL         Peoria, IL				
	1. CALL SIGN WMBD/WMBD (HD) (CBS) WMBD-DT2 BounceTV WMBD-DT3 Laff WMBD-DT4 Escape WRSP/WRSP (HD) (FOX) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT3 Create WSEC-DT4 PBS KIDS WTVP/WTVP (HD) (PBS)	2. B'CAST CHANNEL NUMBER 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.2 15.3 15.4 46 46.2	3. TYPE OF STATION N N N N I I I E E E-M E-M E-M E-M E E	4. LOCATION OF STATION         Peoria, IL         Peoria, IL         Peoria, IL         Springfield, IL         Springfield, IL         Elkhart, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         JACKSONVILLE, IL         Peoria, IL				

EGAL NAME OF			YSTEM:					SYSTEM I 276
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					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 idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing ive the station	v the sys be recei t the Co sign of e he statio on's sign 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 s e station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. Instructions in the.	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 ILLINOIS	LLC						27607
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast by	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	evision prog	ram
Statement and Program Log	broadcast by a distant sta		-				YES	× NO
	-				<i></i>		-	
	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 comp	plete the proc	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if	heir meaning	a is
	clear. If you need more spa				oo.o. p			9.0
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		Ovies of Dask	celuali. List specific progra		stample,	I LOVE LUCY	0
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			e community with which the substitute			lls with the n	nonth
	first. Example: for May 7 gi		y when your sy			se numere		nontin
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes		a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."			m was substituted for prog	romming that	vour evet	om was requ	urad
		tor "D" if the						III EU
	Column 7: Enter the let							
		and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	Column 7: Enter the lett to delete under FCC rules	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	<b>Column 7:</b> Enter the lett to delete under FCC rules 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	the listed pro lations in	
	<b>Column 7:</b> Enter the lett 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	during the accounting periodial values of the second second second second second second second second second se	od; enter the l der FCC rules WHE	etter "P" if and regu	the listed prolations in	
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	Column 7: Enter the lett 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	during the accounting period	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	the listed pro- lations in	ogram 7. REASON FOR
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Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			S	YSTEM ID# 27607
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	em's sec of how to	condary transm compute this a	ission service amount, see	7,148.55 pss receipts)
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 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 info	less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
					0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula		re than \$137,1 263,800.00	00)	
	2. Enter amount of gross receipts from space K		157,148.55		
	3. Subtract line 2 from line 1		106,651.45		
	4. Enter the amount of gross receipts from space K	· · · · · · · ·	\$ f	57,148.55	
	5. Enter the amount from line 3	•••••	\$	06,651.45	
	6. Subtract line 5 from line 4		\$	50,497.10	
	7. Multiply line 6 by .005 (enter figure here)			\$	252.49
	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		\$	252.49
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	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				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots$ .	· · · · · · · ·	\$	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)	· · · · · · · · ·	\$	252.49	
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			\$	272.49
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 f				hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27607
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 value of activated channels on which the cable system carried television broadcast stations         and nonbroadcast services	53
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	
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>(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</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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 vner of the cable system
	Image: Second system of the second system	-

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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ILLINOIS LLC	2760
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	_
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

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.