This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/28/2023	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

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

	T	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27607
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or	" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	me parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Delavan	IL
ommunity	Emden	IL
	Green Valley San Jose	IL IL
ws as Necessary	Cantrall	IL
	Middletown	IL
	New Holland	IL
	Greenview	IL
	Hartsburg	IL
	Elkhart	IL

Accounting Period: 2023/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27607

MEDIACOM ILLINOIS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	319	28.04-89.99			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	28.04-89.99			
Converter					
 Residential 					
 Non-residential 					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	PP	Motel, hotel		F	Family Cable	#####
Pay cable—add'l channel	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	109.99	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	49.00			
Converter	10.50	Disconnect				
		Outlet relocation	49.00			
		Move to new address				

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27607

MEDIACOM ILLINOIS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND (HD) (NBC)	17	N	Decatur, IL
WAND-DT2 Cozi TV	17.2	I-M	Decatur, IL
WAOE Cornerstone	39	l	Peoria, IL
WBUI/WBUI (HD) CW	22	l	DECATUR, IL
WBUI-DT2 DABL	22.2	I-M	DECATUR, IL
WBUI-DT3 Stadium	22.3	I-M	DECATUR, IL
WCIA/WCIA (HD) (CBS)	48	N	CHAMPAIGN, IL
WCIA-DT3 Bounce TV	48.3	I-M	Elkhart, IL
WCIA-DT4 Grit	48.4	I-M	Elkhart, IL
WCIX-DT/WCIX MyNet (HD)	13	l	SPRINGFIELD, IL
WCIX-DT3 ION Mystery	13.3	I-M	Elkhart, IL
WCIX-DT4 Laff	13.4	I-M	Elkhart, IL
WEEK/WEEK (HD) (NBC)	25	N	Peoria, IL
WEEK-DT2/WEEK-DT2 (HD)	25.2	N-M	Peoria, IL
WEEK-DT3/WEEK-DT3 (HD) (25.3	I-M	Peoria, IL
WHOI (HD) TBD	19	l	Peoria, IL
WHOI-DT2 Charge	19.2	I-M	Peoria, IL
WHOI-DT3 Comet	19.3	I-M	Peoria, IL
WICS/WICS (HD) (ABC)	42	N	Springfield, IL
WICS-DT2 Comet	42.2	I-M	Springfield, IL
WICS-DT3 TBD	42.3	I-M	Springfield, IL
WICS-DT4 Charge!	42.4	I-M	Springfield, IL
WILL/WILL (HD) (PBS)	9	E	URBANA, IL
WILL-DT2 PBS World	9.2	E-M	URBANA, IL
WILL-DT3 PBS Create	9.3	E-M	URBANA, IL

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 27607

MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMBD/WMBD (HD) (CBS)	30	N	Peoria, IL
WMBD-DT2 Bounce TV	30.2	I-M	Peoria, IL
WMBD-DT3 Laff	30.3	I-M	Peoria, IL
WMBD-DT4 ION Mystery	30.4	I-M	Peoria, IL
WRSP/WRSP (HD) (FOX)	44	l	Springfield, IL
WRSP-DT2 True Crime Netwo	44.2	I-M	Springfield, IL
WRSP-DT3 Antenna TV	44.3	I-M	Elkhart, IL
WSEC/WSEC (HD) (PBS)	15	E	JACKSONVILLE, IL
WSEC-DT2 PBS WORLD	15.2	E-M	JACKSONVILLE, IL
WSEC-DT3 Create	15.3	E-M	JACKSONVILLE, IL
WSEC-DT4 PBS KIDS	15.4	E-M	JACKSONVILLE, IL
WTVP/WTVP (HD) (PBS)	46	E	Peoria, IL
WTVP-DT2 PBS KIDS	46.2	E-M	Peoria, IL
WTVP-DT3 PBS WORLD	46.3	E-M	Peoria, IL
WTVP-DT4 Create	46.4	E-M	Peoria, IL
WYZZ/WYZZ (HD) (FOX)	28	I	Bloomington, IL
WYZZ-DT3 getTV	28.3	I-M	Bloomington, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27607

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

aper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
5. LEE 5.514	, uvi oi i ivi	0,0	200,111011 01 017111011	37 122 31314	, and of the	0,0	255,111011 01 01/111011
			 		 		
					 		
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Primary Transmitters: Radio

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				FUR	SYSTEM ID#
Name	MEDIACOM ILLINOIS L							27607
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	3			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former Fo	CC rules, regul	ations, or aut	horizations. I	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute ba	sis, any nonne	etwork televis	sion progran	<u>1</u>
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete		_
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	Me	·				
	In General: List each substi		_	te line. Use abbreviations	wherever po	ssible. if thei	r meaning is	3
	clear. If you need more space				'	,	3	
	Column 1: Give the title							
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific progra	m titles, for e	xample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		laaat liva antav	r "Vaa." Othamuiaa antar '	'NIa"			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	e station is lice		FCC or, in	
	the case of Mexican or Cana Column 5: Give the mon						with the mor	ath
	first. Example: for May 7 giv	•	wileli your sysi	tern carried the substitute	program. US	e numerais, v	with the mor	iui
	Column 6: State the time	s when the						ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sl	hould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	ramming that	your system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting perio	d; enter the le	tter "P" if the	listed progr	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	er FCC rules	and regulation	ons in	
	effect off October 19, 1976.							
	_					EN SUBSTI		
	SUBSTITUTE PROGRAM				5. MONTH	RIAGE OCCU	JRRED IMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		FROM -	— то	
								
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MEDIACOM ILLINOIS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 receipts in space P concerning gross receipts to 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 is epage (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$132 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1	pystem's sign of how to the sign	econdary transn to compute this to compute this an or equal to \$ an \$527,600 n. ELESS ou must pay for to the compute than \$137, 263,800.00 147,510.71	ster the total of nission service amount, see \$ 14 (Amount of gr) 263,800 his six-month	0.00			
Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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 recomplete a statement in space P concerning gross recomplete 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 use block 3 if the amount of gross receipts in space K is more than \$263,800 use page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$13. Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add ling BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS and the page of the page	pystem's sign of how to the sign	econdary transn to compute this to compute this an or equal to \$ an \$527,600 n. ELESS ou must pay for to the compute than \$137, 263,800.00 147,510.71	sission service amount, see \$ 14 (Amount of gr) 263,800 his six-month	oss receipts)			
structions: 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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l e page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K	put less the formation 7,100 OR fee that you hees 1 and 2 SS (but m	263,800.00 147,510.71	his six-month				
BLOCK 1: GROSS RECEIPTS OF \$133 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period	fee that you hees 1 and 2 SS (but m	LESS ou must pay for t 2	,100)				
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period	fee that you hees 1 and 2 SS (but m	2	,100)				
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	nes 1 and 2 SS (but m \$	2	100)				
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	SS (but m	2	100)				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	SS (but m	263,800.00 147,510.71	,100)				
Base amount under statutory formula	\$	263,800.00 147,510.71					
2. Enter amount of gross receipts from space K	\$	147,510.71	- -				
		· · · · · · · · · · · · · · · · · · ·	_				
3. Subtract line 2 from line 1	\$	116 289 29					
		110,203.23	_				
4. Enter the amount of gross receipts from space K		\$	147,510.71				
5. Enter the amount from line 3		\$	116,289.29				
6. Subtract line 5 from line 4		\$	31,221.42				
7. Multiply line 6 by .005 (enter figure here)			\$	156.11			
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		. \$	156.11			
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
Enter the amount of gross receipts from space K							
Base amount under statutory formula	\$	263,800.00	_				
	•	· ·	_				
			_				
			1,319 00				
			<u>.</u>				
FILING FEE AND TOTAL REMITTANCE DU	E						
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	156.11				
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			\$	176.11			
	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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filling Fee (See the instructions for more information on filing fee calculations) 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic paying the statutory formula and the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of an electronic paying the substance of the form of the form of an electronic paying the substance of the substance of the form of th	4. Enter the amount of gross receipts from space K. 5. Enter the amount from line 3	4. Enter the amount of gross receipts from space K	4. Enter the amount of gross receipts from space K \$ 147,510.71 5. Enter the amount from line 3			

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:			SYSTEM ID# 27607
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	s, and (2) the cable system's to I number of channels on which d television broadcast stations I number of activated channels cable system carried television			100
N Individual to Be Contacted		BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-443	-2762
	Address	One Mediacom Way (Number, street, rural route, apartme	nt, or suite number)		
		Mediacom Park, NY 1 (City, town, state, zip)	0918		
	Email	Copyrights@med	iacomcc.com Fax (or	ptional	
0	CERTIFICATION (This statement of account mus	t be certified and signed in accordance with Copyright C	Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check one	, but only one , of the boxes.)		
	(Owne	r other than corporation or par	tnership) I am the owner of the cable system as identified	in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the obwner is not a corporation or partnership; or	wner of the cable system as ide	entified
		er or partner) I am an officer (if a in line 1 of space B.	a corporation) or a partner (if a partnership) of the legal ent	ity identified as owner of the cal	ole system
		e, and correct to the best of my l	reby declare under penalty of law that all statements of fac knowledge, information, and belief, and are made in good f		
	I		X /s/ Kenneth J. Kohrs		
			inter an electronic signature on the line above to certify this sinter signature using an "/s/ signature" (e.g., /s/ John Smith)	statement.	
		Typed or printed n	ame: Kenneth J. Kohrs		
			Group Vice President, Financial Reporting of official position held in corporation or partnership)	g	
		Date:	8/4	1/2023	

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

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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No	ounting Period: 2023/1		FORM SA1-2E. PAGE 8.
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 sentences. In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite clish owners? Non YES. Enter the total here and list the satellite carrier(s) below. SINTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of 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 2 Multiply line 1 by the interest rate* and enter the sum here. X days Line 3 Multiply line 2 by the number of days late and enter the sum here. X days 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. S (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 1795, 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 i	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
The Satellite Home Newer 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 transmittes, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Non YES. Enter the total here and list the satellite carrier(s) below. S INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. 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. X days 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 1365, 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 is below the owner, address. first community served. ID number, and accounting period as given in the original filing.	DIACOM ILLINOIS LLC		27607
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No	The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad	11(d)(1)(A), of the Copyright Act by adding the fol- s amounts paid to the cable system for the basic adcast transmitters, the system shall not include sub-	P Special Statement Concerning Gross
Name		ote on page (vii) of the general instructions	Receipts Exclusion
Name Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	made by satellite carriers to satellite dish owners?	ounts of gross receipts for secondary transmissions	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	\$	
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			
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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	INTEREST ASSESSMENT		
Line 2 Multiply line 1 by the interest rate* and enter the sum here			Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here		x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here .	<u>-</u>	
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		xdays	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum		
(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. Owner Address ID number First community served	Line 4 Multiply line 3 by 0.00274** and enter here		
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Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest as	ssessment for one day late.	
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Address ID number First community served	Owner		
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