

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:
	2025/2 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.					
	<input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 004966					
	<table border="1"> <tr> <td>1</td> <td>LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P</td> </tr> <tr> <td>2</td> <td>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): Time Warner Cable</td> </tr> <tr> <td>3</td> <td>MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 12405 POWERSCOURT DRIVE <small>(Number, street, rural route, apartment, or suite number)</small> ST. LOUIS, MO 63131 <small>(City, town, state, zip)</small></td> </tr> </table>	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): Time Warner Cable	3
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BARCODE DATA/
Filing Period
004

C System	INSTRUCTIONS: 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.			
	<table border="1"> <tr> <td>1</td> <td>IDENTIFICATION OF CABLE SYSTEM: Charter Communications</td> </tr> <tr> <td>2</td> <td>MAILING ADDRESS OF CABLE SYSTEM: 12405 Powerscourt Drive <small>(Number, street, rural route, apartment, or suite number)</small> ST. LOUIS, MO 63131 <small>(City, town, state, zip code)</small></td> </tr> </table>	1	IDENTIFICATION OF CABLE SYSTEM: Charter Communications	2
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E Secondary Transmission Service: Sub- scribers and Rates	BLOCK 1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:			
• Service to first set	3,147	9.99-36.00	
• Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial	4	39.99-45.00	
Equipment:			
• Residential			
• Non-residential			
Broadcast Fees			

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.			
	<table border="1"> <tr> <td>1. Enter the total number of channels on which the cable system carried television broadcast stations</td> <td>17</td> </tr> <tr> <td>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services</td> <td>520</td> </tr> </table>	1. Enter the total number of channels on which the cable system carried television broadcast stations	17	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
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2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	520			

N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
	Name Jacob C. Schlechte Telephone 314-543-2294
	Address 12405 Powerscourt Drive <small>(Number, street, rural route, apartment, or suite number)</small> St. Louis, MO 63131-3674 <small>(City, town, state, zip)</small>
	Email (optional) _____ Fax (optional) _____

O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – This form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in space O of tab "page 8, space M-O."
	Typed or printed name: Pamela K. Heflin
	Title: Senior Manager, Accounting <small>(Title of official position held in corporation or partnership)</small>
	Date: February 20, 2026

Total Gross Receipts

\$ 762,562.19

OK

Subgroup Gross Receipts Total

\$ 762,562.19

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST	1	Subgroup 1	\$ 80,205.94
SECOND	2	Subgroup 2	\$ 63,001.64
THIRD	3	Subgroup 3	\$ 18,415.86
FOURTH	4	Subgroup 4	\$ 600,938.75
FIFTH	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH	10		
ELEVENTH	11		
TWELVTH	12		
THIRTEENTH	13		
FOURTEENTH	14		
FIFTEENTH	15		
SIXTEENTH	16		
SEVENTEENTH	17		
EIGHTEENTH	18		
NINTEENTH	19		
TWENTIETH	20		
TWENTY-FIRST	21		
TWENTY-SECOND	22		
TWENTY-THIRD	23		
TWENTY-FOURTH	24		
TWENTY-FIFTH	25		
TWENTY-SIXTH	26		
TWENTY-SEVENTH	27		
TWENTY-EIGHTH	28		
TWENTY-NINTH	29		
THIRTIETH	30		
THIRTY-FIRST	31		
THIRTY-SECOND	32		
THIRTY-THIRD	33		
THIRTY-FOURTH	34		
THIRTY-FIFTH	35		
THIRTY-SIXTH	36		
THIRTY-SEVENTH	37		
THIRTY-EIGHTH	38		
THIRTY-NINTH	39		
FORTIETH	40		

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
KBSI	22	I	Cape Girardeau, MO	1.000	
KCPT	18	E	Kansas City, MO	0.250	
KCPT-2	18.2	E-M	Kansas City, MO	0.250	
KCPT-3	18.3	E-M	Kansas City, MO	0.250	
KCTV	24	N	Kansas City, MO	0.250	
KCWE	31	I	Kansas City, MO	1.000	
KCWE-2	31.2	I-M	Kansas City, MO	1.000	
KDKA	25	N	Pittsburgh, PA	0.250	
KETV	20	N	Omaha, NE	0.250	
KETV-2	20.2	I-M	Omaha, NE	1.000	
KFVS	12	N	Cape Girardeau, MO	0.250	
KFVS-2	12.2	I-M	Cape Girardeau, MO	1.000	
KFVS-3	12.3	I-M	Cape Girardeau, MO	1.000	
KFXL	51	I	Lincoln, NE	1.000	
KHAS	5	N	Hastings, NE	0.250	
KHGI	13	N	Kearney, NE	0.250	
KLKN	8	N	Lincoln, NE	0.250	
KMBC	29	N	Kansas City, MO	0.250	
KMBC-2	29.2	I-M	Kansas City, MO	1.000	
KMCI	41	I	Lawrence, KS	1.000	
KMTV	45	N	Omaha, NE	0.250	
KOLN	10	N	Lincoln, NE	0.250	
KOLN-2	10.2	I-M	Lincoln, NE	1.000	
KPTM	43	I	Omaha, NE	1.000	
KPXE	50	I	Kansas City, MO	1.000	
KQTV	7	N	St. Joseph, MO	0.250	
KSHB	42	N	Kansas City, MO	0.250	
KSHB-2	42.2	I-M	Kansas City, MO	1.000	
KSMO	47	I	Kansas City, MO	1.000	
KSNB	4	I	Superior, NE	1.000	
KTVG	16	I	Grand Island, NE	1.000	
KTWU	11	E	Topeka, KS	0.250	
KUON	12	E	Lincoln, NE	0.250	
KUON-2	12.2	E-M	Lincoln, NE	0.250	
KXVO	38	I	Omaha, NE	1.000	
W06AY	6	I	Lebanon, KY	1.000	
W10BM-LP	10	I	Morehead, KY	1.000	
W29CO	29	I	Sharon, PA	1.000	
WACY	27	I	Appleton, WI	1.000	
WANE	31	N	Fort Wayne, IN	0.250	
WAOH-LP	29	I	Akron, OH	1.000	
WAVE	47	N	Madisonville, KY	0.250	
WAVE-2	47.2	I-M	Madisonville, KY	1.000	
WAVE-3	47.3	I-M	Madisonville, KY	1.000	
WAZE	17	I	Evansville, IN	1.000	
WBAY	23	N	Green Bay, WI	0.250	
WBAY-2	23.2	I-M	Green Bay, WI	1.000	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WBAY-3	23.3	I-M	Green Bay, WI	1.000	
WBBM	12	N	Chicago, IL	0.250	
WBDT	26	I	Springfield, OH	1.000	
WBGU	27	E	Bowling Green, OH	0.250	
WBGU-2	27.2	E-M	Bowling Green, OH	0.250	
WBGU-3	27.3	E-M	Bowling Green, OH	0.250	
WBGU-4	27.4	E-M	Bowling Green, OH	0.250	
WBKI	19	I	Campbellsville, KY	1.000	
WBKI-2	19.2	I-M	Campbellsville, KY	1.000	
WBKO	13	N	Bowling Green KY	0.250	
WBKO-2	13.2	I-M	Bowling Green KY	1.000	
WBKO-3	13.3	I-M	Bowling Green KY	1.000	
WBME	48	I	Racine, WI	1.000	
WBNA	8	I	Louisville, KY	1.000	
WBNA-2	8.2	I-M	Louisville, KY	1.000	
WBNA-3	8.3	I-M	Louisville, KY	1.000	
WBNA-4	8.4	I-M	Louisville, KY	1.000	
WBNS	21	N	Columbus, OH	0.250	
WBNX	30	I	Akron, OH	1.000	
WBOH	3	I	Lima, OH	1.000	
WBOY	12	N	Clarksburg, WV	0.250	
WBOY-2	12.2	N-M	Clarksburg, WV	0.250	
WCET	34	E	Cincinnati, OH	0.250	
WCET-2	34.2	E-M	Cincinnati, OH	0.250	
WCET-3	34.3	E-M	Cincinnati, OH	0.250	
WCGV	25	I	Milwaukee, WI	1.000	
WCHS	41	N	Charleston, WV	0.250	
WCHS-2	41.2	I-M	Charleston, WV	1.000	
WCMH	14	N	Columbus, OH	0.250	
WCMH-2	14.2	I-M	Columbus, OH	1.000	
WCPO	10	N	Cincinnati, OH	0.250	
WCPO-2	10.2	I-M	Cincinnati, OH	1.000	
WCVN	24	E	Covington, KY	0.250	
WCVN-2	24.2	E-M	Covington, KY	0.250	
WCVN-3	24.3	E-M	Covington, KY	0.250	
WCWF	21	I	Suring, WI	1.000	
WDAF	34	I	Kansas City, MO	1.000	
WDFM-LP	26	I	Defiance, OH	1.000	
WDJT	46	N	Milwaukee, WI	0.250	
WDJT-3	46.3	I-M	Milwaukee, WI	1.000	
WDJT-4	46.4	I-M	Milwaukee, WI	1.000	
WDKY	31	I	Danville, KY	1.000	
WDKY-2	4.2	I-M	Danville KY	1.000	
WDLI	39	I	Canton, OH	1.000	
WDRB	49	I	Louisville, KY	1.000	
WDRB-2	49.2	I-M	Louisville, KY	1.000	
WDTN	50	N	Dayton, OH	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WDTV	5	N	Weston,WV	0.250	
WDTV-2	5.2	I-M	Weston, WV	1.000	
WEAO	50	E	Akron, OH	0.250	
WEAO-2	50.2	E-M	Akron, OH	0.250	
WEAO-3	50.3	E-M	Akron, OH	0.250	
WEHT	7	N	Evansville, IN	0.250	
WEHT-2	7.2	I-M	Evansville, IN	1.000	
WEHT-4	7.4	I-M	Evansville, IN	1.000	
WEIU	50	E	Charleston, IL	0.250	
WEVV	45	N	Evansville, IN	0.250	
WEVV-2	45.2	I-M	Evansville, IN	1.000	
WEWS	15	N	Cleveland, OH	0.250	
WFFT	36	I	Fort Wayne, IN	1.000	
WFIE	46	N	Evansville, IN	0.250	
WFIE-2	46.2	I-M	Evansville, IN	1.000	
WFIE-3	46.3	I-M	Evansville, IN	1.000	
WFLD	31	I	Chicago, IL	1.000	
WFMJ	20	N	Youngstown, OH	0.250	
WFMJ-2	20.2	I-M	Youngstown, OH	1.000	
WFRV	39	N	Green Bay, WI	0.250	
WFWA	40	E	Fort Wayne, IN	0.250	
WFWA-2	40.2	E-M	Fort Wayne, IN	0.250	
WFWA-3	40.3	E-M	Fort Wayne, IN	0.250	
WFXP	22	I	Erie, PA	1.000	
WFXW	39	I	Terre Haute, IN	1.000	
WFYI	21	E	Indianapolis, IN	0.250	
WGBA	41	N	Green Bay, WI	0.250	
WGBA-2	41.2	I-M	Green Bay, WI	1.000	
WGGN	42	I	Sandusky, OH	1.000	
WGN	19	I	Chicago, IL	1.000	
WGTE	29	E	Toledo, OH	0.250	
WGTE-2	29.2	E-M	Toledo, OH	0.250	
WGTE-3	29.3	E-M	Toledo, OH	0.250	
WGTE-4	29.4	E-M	Toledo, OH	0.250	
WHAS	11	N	Louisville, KY	0.250	
WHAS-2	11.2	I-M	Louisville, KY	1.000	
WHAS-3	11.3	I-M	Louisville, KY	1.000	
WHIO	41	N	Dayton, OH	0.250	
WHIO-2	41.2	I-M	Dayton, OH	1.000	
WHIZ	40	N	Zanesville, OH	0.250	
WICU	12	N	Erie, PA	0.250	
WINM	12	I	Angola, IN	1.000	
WIPB	23	E	Muncie, IN	0.250	
WISE	18	N	Fort Wayne, IN	0.250	
WISH	9	N	Indianapolis, IN	0.250	
WISN	34	N	Milwaukee, WI	0.250	
WITI	33	I	Milwaukee, WI	1.000	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WIVM-LP	52	I	Canton, OH	1.000	
WIVN-LP	29	I	Newcomerstown, OH	1.000	
WIVN-LP-2	29.2	I-M	Newcomerstown, OH	1.000	
WJET	24	N	Erie, PA	0.250	
WJW	8	I	Cleveland, OH	1.000	
WKAS	26	E	Ashland, KY	0.250	
WKAS-2	26.2	E-M	Ashland, KY	0.250	
WKAS-3	26.3	E-M	Ashland, KY	0.250	
WKBD	14	I	Detroit, MI	1.000	
WKBN	41	N	Youngstown, OH	0.250	
WKEF	51	N	Dayton, OH	0.250	
WKEF-2	51.2	I-M	Dayton, OH	1.000	
WKGB	48	E	Bowling Green KY	0.250	
WKLE	42	E	Lexington, KY	0.250	
WKLE-2	42.2	E-M	Lexington, KY	0.250	
WKLE-3	42.3	E-M	Lexington, KY	0.250	
WKMA	42	E	Madisonville, KY	0.250	
WKMA-2	42.2	E-M	Madisonville, KY	0.250	
WKMA-3	42.3	E-M	Madisonville, KY	0.250	
WKMA-4	42.4	E-M	Madisonville, KY	0.250	
WKMJ	38	E	Louisville, KY	0.250	
WKMJ-2	38.2	E-M	Louisville, KY	0.250	
WKMR	15	E	Morehead, KY	0.250	
WKMR-2	15.2	E-M	Morehead, KY	0.250	
WKMR-3	15.3	E-M	Morehead, KY	0.250	
WKOH	30	E	Owensboro, KY	0.250	
WKOH	30	E	Owensboro, KY	0.250	
WKOH-2	30.2	E-M	Owensboro, KY	0.250	
WKOH-3	30.3	E-M	Owensboro, KY	0.250	
WKOH-4	30.4	E-M	Owensboro, KY	0.250	
WKOI	39	I	Richmond, IN	1.000	
WKOI-2	39.2	I-M	Richmond, IN	1.000	
WKOI-3	39.3	I-M	Richmond, IN	1.000	
WKOI-4	39.4	I-M	Richmond, IN	1.000	
WKOI-5	39.5	I-M	Richmond, IN	1.000	
WKPC	17	E	Louisville, KY	0.250	
WKRC	12	N	Cincinnati, OH	0.250	
WKRC-2	12.2	I-M	Cincinnati, OH	1.000	
WKYC	17	N	Cleveland, OH	0.250	
WKYC-2	17.2	I-M	Cleveland, OH	1.000	
WKYT	36	N	Lexington, KY	0.250	
WKYT-2	36.2	I-M	Lexington, KY	1.000	
WKYU	18	E	Bowling Green KY	0.250	
WKYU-2	18.2	E-M	Bowling Green KY	0.250	
WLEX	39	N	Lexington, KY	0.250	
WLEX-2	39.2	I-M	Lexington, KY	1.000	
WLIO	8	N	Lima, OH	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WLIO-2	8.2	I-M	Lima, OH	1.000	
WLJC	7	I	Beattyville, KY	1.000	
WLKY	26	N	Louisville, KY	0.250	
WLMB	5	I	Toledo, OH	1.000	
WLPX	39	I	Charleston, WV	1.000	
WLS	44	N	Chicago, IL	0.250	
WLUC	35	N	Marquette, MI	0.250	
WLUK	11	I	Green Bay, WI	1.000	
WLWT	35	N	Cincinnati, OH	0.250	
WLWT-2	35.2	I-M	Cincinnati, OH	1.000	
WMAQ	29	N	Chicago, IL	0.250	
WMFD	12	I	Mansfield, OH	1.000	
WMLW-CA	13	I	Milwaukee, WI	1.000	
WMLW-CA-2	13.2	I-M	Milwaukee, WI	1.000	
WMVS	8	E	Milwaukee, WI	0.250	
WMVS-2	8.2	E-M	Milwaukee, WI	0.250	
WMVS-3	8.3	E-M	Milwaukee, WI	0.250	
WMVS-4	8.4	E-M	Milwaukee, WI	0.250	
WMVS-5	8.5	E-M	Milwaukee, WI	0.250	
WMVT	35	E	Milwaukee, WI	0.250	
WMVT-2	35.2	E-M	Milwaukee, WI	0.250	
WMVT-3	35.3	E-M	Milwaukee, WI	0.250	
WMVT-4	35.4	E-M	Milwaukee, WI	0.250	
WMYO	51	I	Salem, IN	1.000	
WNDY	32	I	Marion, IN	1.000	
WNEO	45	E	Alliance, OH	0.250	
WNEO-2	45.2	E-M	Alliance, OH	0.250	
WNEO-3	45.3	E-M	Alliance, OH	0.250	
WNEO-4	45.4	E-M	Alliance, OH	0.250	
WNIN	9	E	Evansville, IN	0.250	O
WNIN-2	9.2	E-M	Evansville, IN	0.250	O
WNIN-3	9.3	E-M	Evansville, IN	0.250	
WNKY	16	N	Bowling Green KY	0.250	
WNKY-2	16.2	N-M	Bowling Green KY	0.250	
WNMU	13	E	Marquette, MI	0.250	
WNPB	33	E	Morgantown, WV	0.250	
WNPB-2	33.2	E-M	Morgantown, WV	0.250	
WNWO	49	N	Toledo, OH	0.250	
WNWO-2	49.2	I-M	Toledo, OH	1.000	
WNWO-3	49.3	I-M	Toledo, OH	1.000	
WOBZ-LP	9	I	East Bernstadt, KY	1.000	
WOCB-LP	39	I	Marion, OH	1.000	
WOHL-CA	25	N	Lima, OH	0.250	
WOHL-CD-2	25.2	N-M	Lima, OH	0.250	
WOIO	10	N	Shaker Heights, OH	0.250	
WOIO-2	10.2	I-M	Shaker Heights, OH	1.000	
WOSU	38	E	Columbus, OH	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WOSU-2	38.2	E-M	Columbus, OH	0.250	
WOSU-3	38.3	E-M	Columbus, OH	0.250	
WOUB	27	E	Athens, OH	0.250	
WOUB-2	27.2	E-M	Athens, OH	0.250	
WOUB-3	27.3	E-M	Athens, OH	0.250	
WOUC	35	E	Cambridge, OH	0.250	
WOWK	13	N	Huntington, WV	0.250	
WOWT	22	N	Omaha, NE	0.250	
WOWT-2	22.2	I-M	Omaha, NE	1.000	
WPBO	43	E	Portsmouth, OH	0.250	
WPBY	34	E	Huntington, WV	0.250	
WPCB	50	I	Greensburg, PA	1.000	
WPCW	11	I	Jeanette, PA	1.000	
WPGH	43	I	Pittsburgh, PA	1.000	
WPMY	42	I	York, PA	1.000	
WPNE	42	E	Green Bay, WI	0.250	
WPNE-2	42.2	E-M	Green Bay, WI	0.250	
WPNE-3	42.3	E-M	Green Bay, WI	0.250	
WPSD	32	N	Paducah, KY	0.250	
WPTA	24	N	Fort Wayne, IN	0.250	
WPTD	16	E	Dayton, OH	0.250	
WPTD-2	16.2	E-M	Dayton, OH	0.250	
WPTD-3	16.3	E-M	Dayton, OH	0.250	
WPTD-4	16.4	E-M	Dayton, OH	0.250	
WPTO	28	E	Oxford, OH	0.250	
WPTO-2	28.2	E-M	Oxford, OH	0.250	
WPTO-3	28.3	E-M	Oxford, OH	0.250	
WPTO-4	28.4	E-M	Oxford, OH	0.250	
WPXE	40	I	Kenosha, WI	1.000	
WPXI	48	N	Pittsburgh, PA	0.250	
WQCW	17	I	Portsmouth, OH	1.000	
WQED	13	E	Pittsburgh, PA	0.250	
WQHS	34	I	Cleveland, OH	1.000	
WQLN	50	E	Erie, PA	0.250	
WRCX-LP	40	I	Dayton, OH	1.000	
WRGT	30	I	Dayton, OH	1.000	
WRGT-2	30.2	I-M	Dayton, OH	1.000	
WRLM	47	I	Canton, OH	1.000	
WRTV	25	N	Indianapolis, IN	0.250	
WSAZ	23	N	Huntington, WV	0.250	
WSAZ-2	23.2	I-M	Huntington, WV	1.000	
WSEE	16	N	Erie, PA	0.250	
WSEE-2	16.2	I-M	Erie, PA	1.000	
WSFJ	24	I	Newark, OH	1.000	
WSIL	34	N	Harrisburg, IL	0.250	
WSTR	33	I	Cincinnati, OH	1.000	
WSTR-2	33.2	I-M	Cincinnati, OH	1.000	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WSYX	13	N	Columbus, OH	0.250	
WSYX-2	13.2	I-M	Columbus, OH	1.000	
WSZA	23	N	Huntington, OH	0.250	
WTAE	51	N	Pittsburgh, PA	0.250	
WTAP	49	N	Parkersburg, WV	0.250	
WTHI	10	N	Terre Haute, IN	0.250	
WTHR	13	N	Indianapolis, IN	0.250	
WTIU	14	E	Bloomington, IN	0.250	
WTIU-2	14.2	E-M	Bloomington, IN	0.250	
WTIU-3	14.3	E-M	Bloomington, IN	0.250	
WTLW	44	I	Lima, OH	1.000	
WTMJ	28	N	Milwaukee, WI	0.250	
WTMJ-2	28.2	I-M	Milwaukee, WI	1.000	
WTMJ-3	28.3	I-M	Milwaukee, WI	1.000	
WTO5	5	I	Toledo, OH	1.000	
WTOL	11	N	Toledo, OH	0.250	
WTOL-2	11.2	I-M	Toledo, OH	1.000	
WTOV	9	N	Steubenville, OH	0.250	
WTRF	7	N	Wheeling, WV	0.250	
WTRF-2	7.2	I-M	Wheeling, WV	1.000	
WTRF-3	7.3	N-M	Wheeling, WV	0.250	
WTSF	44	I	Ashland, KY	1.000	
WTSN	20	I	Evansville, IN	1.000	
WTSN-LD	36	I	Evansville, IN	1.000	
WTTE	36	I	Columbus, OH	1.000	
WTTV	48	I	Bloomington, IN	1.000	
WTVF	5	N	Nashville, TN	0.250	
WTVF-2	5.2	I-M	Nashville, TN	1.000	
WTVF-3	5.3	I-M	Nashville, TN	1.000	
WTVG	13	N	Toledo, OH	0.250	
WTVG-2	13.2	I-M	Toledo, OH	1.000	
WTVQ	40	N	Lexington, KY	0.250	
WTVQ-2	40.2	I-M	Lexington, KY	1.000	
WTVQ-3	40.3	I-M	Lexington, KY	1.000	
WTVW	28	I	Evansville, IN	1.000	O
WTVW-2	28.2	I-M	Evansville, IN	1.000	O
WTWO	36	N	Terre Haute, IN	0.250	
WUAB	28	I	Lorain, OH	1.000	
WUAB-2	28.2	I-M	Lorain, OH	1.000	
WUPW	46	I	Toledo, OH	1.000	
WUPX	21	I	Morehead, KY	1.000	
WVAH	19	I	Charleston, WV	1.000	
WVCY	22	I	Milwaukee, WI	1.000	
WVFX	10	I	Clarksburg, WV	1.000	
WVIZ	26	E	Cleveland, OH	0.250	
WVIZ-2	26.2	E-M	Cleveland, OH	0.250	
WVIZ-3	26.3	E-M	Cleveland, OH	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Insight Midwest, L.P

SYSTEM ID#

20252

Instructions: Use this sheet to enter any notes or other information that you feel might assist the copyright examiner in the examination of your statement of account.

[Large yellow rectangular area for notes or information.]

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).
 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

**SA3E
 Long Form**

Return completed workbook by email to


coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT
 for Secondary Transmissions by
 Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/2																						
B Owner	<p>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. 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.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 004966																						
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Insight Midwest, L.P Time Warner Cable</p>  <p style="text-align: center;">00496620252</p> <p>12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131</p> <p style="text-align: right;">00496620252 004966 2025/2</p>																						
C System	<p>INSTRUCTIONS: 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.</p>																						
	1	<p>IDENTIFICATION OF CABLE SYSTEM: Charter Communications</p>																					
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: 12405 Powerscourt Drive <small>(Number, street, rural route, apartment, or suite number)</small> ST. LOUIS, MO 63131 <small>(City, town, state, zip code)</small></p>																					
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 50%;">STATE</td> </tr> <tr> <td>Dawson Springs</td> <td>KY</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN	STATE	Dawson Springs	KY	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																						
Dawson Springs	KY																						
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																				
Alda	MD	A	1																				
Alliance	MD	B	2																				
Gering	MD	B	3																				

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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P	SYSTEM ID# 004966	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">762,562.19</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	762,562.19	(Amount of gross receipts)	
\$	762,562.19					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ► If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.		L Copyright Royalty Fee				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ <u>762,562.19</u> Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ <u>8,113.66</u> This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. \$ <u>751.74</u> Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <u>0.00</u> Line 3. Add lines 1 and 2 and enter here. \$ <u>751.74</u>					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ <u>8,113.66</u> Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <u>0.00</u> Line 3. FILING FEE. \$ <u>725.00</u> TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ <u>8,838.66</u> EFT Trace # or TRANSACTION ID # 	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.				
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P	SYSTEM ID# 004966
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 17</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 520</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Jacob C. Schlechte Telephone 314-543-2294</p> <p>Address 12405 Powerscourt Drive (Number, street, rural route, apartment, or suite number)</p> <p>St. Louis, MO 63131-3674 (City, town, state, zip)</p> <p>Email _____ Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] <div style="margin-top: 20px;"> X /s/ Pamela K. Heflin </div> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Pamela K. Heflin</p> <p>Title: Senior Manager, Accounting (Title of official position held in corporation or partnership)</p> <p>Date: February 20, 2026</p>	

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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P	SYSTEM ID# 004966	Name
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 in the paper SA3 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS 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 in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* 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@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P					SYSTEM ID# 004966		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,					0.00			
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular- tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,						0.00		
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●			▶		2.50		
	2. Number of DSEs from part 3 ●			▶		0.00		
	3. Number of DSEs from part 4 ●			▶		0.00		
TOTAL NUMBER OF DSEs					2.50			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P						SYSTEM ID# 004966		Name		
<p>Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.</p>										6
BLOCK A: TELEVISION MARKETS										
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.										Computation of 3.75 Fee
BLOCK B: CARRIAGE OF PERMITTED DSEs										
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 M Retransmission of a distant multicast stream. Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)										
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
									0.00	
BLOCK C: COMPUTATION OF 3.75 FEE										
Line 1: Enter the total number of DSEs from part 5 of this schedule _____										
Line 2: Enter the sum of permitted DSEs from block B above _____										
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____ 0.00										
Line 4: Enter gross receipts from space K (page 7) _____ _____ x 0.0375										
Line 5: Multiply line 4 by 0.0375 and enter sum here _____ _____ x										
Line 6: Enter total number of DSEs from line 3 _____										
									0.00	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____										

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P	SYSTEM ID# 004966
7 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>	
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p>	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ _____
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ _____	
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p style="text-align: right;">Base Rate Fee ▶ \$. 0.00</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Insight Midwest, L.P	004966	
<p>Section 4</p>	<p>If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ▶ \$ 0.00</p>	<p style="text-align: center; font-size: 2em;">7</p> <p style="text-align: center;">Computation of Base Rate Fee</p>
	<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. If: <ol style="list-style-type: none"> your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 	<p style="text-align: center; font-size: 2em;">8</p> <p style="text-align: center;">Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P						SYSTEM ID# 004966		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
WNIN	0.25								
WNIN-2	0.25								
Total DSEs			0.50	Total DSEs			0.00		
Gross Receipts First Group			\$ 80,205.94	Gross Receipts Second Group			\$ 63,001.64		
Base Rate Fee First Group			\$ 426.70	Base Rate Fee Second Group			\$ 0.00		
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WTVW C	1.00								
WTVW-2	1.00								
Total DSEs			2.00	Total DSEs			0.00		
Gross Receipts Third Group			\$ 18,415.86	Gross Receipts Fourth Group			\$ 600,938.75		
Base Rate Fee Third Group			\$ 325.04	Base Rate Fee Fourth Group			\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 751.74			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Insight Midwest, L.P						SYSTEM ID# 004966		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 1					COMMUNITY/ AREA Subgroup 2						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts First Group				\$ <u>80,205.94</u>		Gross Receipts Second Group				\$ <u>63,001.64</u>	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 3					COMMUNITY/ AREA Subgroup 4						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				<u>0.00</u>		Total DSEs				<u>0.00</u>	
Gross Receipts Third Group				\$ <u>18,415.86</u>		Gross Receipts Fourth Group				\$ <u>600,938.75</u>	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group				\$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 0.00					

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #				Amount	Initials
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Examined by	Reviewed by	Date examination completed	Allocation number		
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Space A Accounting Period

Letter sent Information received

Accepted Phone call/Date/Contact

Space B Owner

Letter sent Information received

Accepted Phone call/Date/Contact

Space D Area Served

Letter sent Information received

Accepted Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates

Letter sent Information received

Accepted Phone call/Date/Contact

Space G Primary Transmitters: Television

Letter sent Information received

Accepted Phone call/Date/Contact

Space H Primary Transmitters: Radio

Accepted Phone call/Date/Contact

Space I Substitute

	Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact
	Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact