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					
2/26/25	\$					
	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
	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM INDIANA 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) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 INDIANA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)
	[Oily, oith, vide, 2p ood)

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 suffciency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	MEDIACOM INDIANA LLC	2749
		. A "community" is the same as a "community unit" as defined in FCC rules
D		corporated communities within unincorporated areas and including single,
_		nity that you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all futu Note: Entities and properties such as hotels, apartments, condominiums	
Area		is, or mobile nome parks should be reported in parentheses below the
Served	identified city.	
	2000	
	CITY OR TOWN	STATE IN
First Community	Knox	
Community	CULVER	IN
	FRANCESVILLE	IN.
ld Rows as Necessary	LAKEVILLE	in in
	MARSHALL	
	North Judson	IN
	San Pierre	in in
	Walkerton	IN
	Lapaz	IN
	St. Joseph	IN .
	N. Liberty	IN
	Grovertown	IN
	Koontz Lake	IN
	Starke County	IN IN
	Medaryville	IN IN
	Elkhart County	IN

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27497

MEDIACOM INDIANA LLC

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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.

BL	OCK 1	BLOCI	< 2		
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	712	29.95-89.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-89.99			
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
 Additional set(s) 	49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		 Move to new address 			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27497

MEDIACOM INDIANA LLC

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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 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
WBND/WBND(HD) ABC	49	N	SOUTH BEND, IN
WBND-DT2 MeTV	49.2	I-M	SOUTH BEND, IN
WBND-DT3 Movies	49.3	I-M	SOUTH BEND, IN
WCWW/WCWW (HD) (CW)	27	<u> </u>	SOUTH BEND, IN
WCWW-DT2 Start TV	27.2	I-M	SOUTH BEND, IN
WCWW-DT3 MeTV Toons	27.3	I-M	SOUTH BEND, IN
WCWW-DT4 MeTV Plus	27.4	I-M	SOUTH BEND, IN
WFLD (FOX)	31	1	CHICAGO, IL
WHME (IND 46)	48	1	South Bend, IN
WMYS/WMYS (HD)MyNet	39	I	SOUTH BEND, IN
WMYS-DT2 Telemundo (HD)	39.2	I-M	SOUTH BEND, IN
WMYS-DT3 Catchy Comedy	39.3	I-M	SOUTH BEND, IN
WNDU/WNDU(HD) NBC	42	N	South Bend, IN
WNDU-DT2 Antenna TV	42.2	I-M	South Bend, IN
WNDU-DT3 Antenna TV	42.3	I-M	South Bend, IN
WNIT/WNIT(HD) PBS	35	E	South Bend, IN
WNIT-DT2 InFocus	35.2	E-M	South Bend, IN
WNIT-DT3 PBS Kids HD	35.3	E-M	South Bend, IN
WNIT-DT4 Weather	35.4	E-M	South Bend, IN
WNIT-DT5 WORLD	35.5	E-M	South Bend, IN
WSBT/WSBT (HD) CBS	22	N	South Bend, IN
WSBT-DT2/WSBT-DT2 FOX (I	22.2	I-M	South Bend, IN
WSBT-DT3 Charge!	22.3	I-M	South Bend, IN
WSJV (FOX)	29	I	South Bend, IN

G 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 Primary 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 Transmitters: 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 Television 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 WSJV/WSJV(HD) H&I 28 South Bend, IN 28.2 WSJV-DT2 True Crime Netwo I-M South Bend, IN WSJV-DT3 ION Mystery South Bend, IN 28.3 I-M 28.4 I-M WSJV-DT4 Court TV South Bend, IN I-M South Bend, IN WSJV-DT5 Quest 28.5 WSJV-DT6 Bounce TV 28.6 I-M South Bend, IN

Ε

GARY, IN

17

In General: In space G, identify every television station (including translator stations and low power television stations)

FORM SA1-2E. PAGE 3.

SYSTEM ID#

27497

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM INDIANA LLC
PRIMARY TRANSMITTERS: TELEVISION

WYIN/WYIN (HD)PBS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM INDIANA LLC

27497

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.

H

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.

Primary Transmitters: Radio

- 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
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	T						
	 						
	 						
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od: 2024/2							ORM SA1-2E. PAGE 5.
	F CABLE SYS	STEM:					SYSTEM ID#
MEDIACOM INDIANA	LLC						27497
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ision program, broadcast by precific present and former Form this log, see page (v) of the strITUTE CARRIAGE of the carry, on a substitute base age blank. If your answer is age blank. If your answer is a rate line. Use abbreviations I rows to the tables. It is the cour cable system substitute from cable system substitute in s. See page (v) of the generated by the community to which the community with which the community with which the extern carried the substitute frogram was carried by your ried by a system from 6:01	a distant state CC rules, regine general insums is, any nonnessis, and nonnessis,	ulations, contractions of the structions of the structions of the structions of the structions for full the structions of the structions o	their means of another information of a coordinate of the policy of the following the following of the follo	system carried on a ations. For a further er SA1-2 form. rogram No rogram ning is bunting her station rmation. cy" or or, in he month curately be		
Column 7: Enter the let to delete under FCC rules was substituted for prograt effect on October 19, 1976	tter "R" if the and regulat mming that 5.	ions in effect of your system w	during the accounting perious permitted to delete und	d; enter the li er FCC rules WHEI	etter "P" i and regu N SUBS ^T AGE OC	f the listed ulations in FITUTE CURRED	d program
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	б. FROM		
	SUBSTITUTE CARRIAGE In General: In space I, idensubstitute basis during the explanation of the programm 1. SPECIAL STATEMEN • During the accounting period broadcast by a distant standard sta	MEDIACOM INDIANA LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute progreclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statisthe case of Mexican or Canadian statisthe case of Mexican or Canadian statistic Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	MEDIACOM INDIANA LLC SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable syster broadcast by a distant station? Note: If your answer is "No", leave the rest of this particular in the program on a separate in the program on a separate in the program on a separate in the program in the period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "base" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, entor Column 3: Give the call sign of the station broade Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute basis during the accounting beriod, under specific present and former F. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the get Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by our to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever period, was broadcast by a distant station and that your cable system substitute program") the period, was broadcast by a distant station and that your cable system substituted for the preunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: Tõers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lid the case of Mexican or Canadian stations, if any, the community with which the station is lidented as "New 100 of the general instruct Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SUBSTITUTE PROGRAM 5. MATERIAGE SUBSTITUTE PROGRAM 5. MATERIAGE 5. M	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, cexplanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for function of the program of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system deflect under FCC rules and regulatio	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizexplanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television proadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the plog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mea clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accoperiod, was broadcast by a distant station and that your cable system substituted for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further info Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lu "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC the case of Mexican or Canadian stations, if any, the community with which the station is loentified). Column 6: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00-6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that your system was rot delete under FCC rules and regulations in effect during t

		CVCTEMI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	SYSTEM I 274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compupage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	transmission service
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 368,396.44 (Amount of gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must accounting period is $\$52.00$	pay for this six-mon
	Line 1. Royalty fee for accounting period	· · · · · · · · <u> </u>
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	· · · · · · · · · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)
	1. Base amount under statutory formula	00.00
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less tha	n \$527,600)
	Enter the amount of gross receipts from space K	96.44
	2. Base amount under statutory formula	00.00
	3. Subtract line 2 from line 1	96.44
	4. Multiply line 3 by .01	1,045.96
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 2,364.96
	FILING FEE AND TOTAL REMITTANCE DUE	
Filler F		
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,364.96
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	. \$ 2,384.96

Accounting Period:	2024/2 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC 27497
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 which the cable system carried television broadcast stations and nonbroadcast services 63
N Individual to Be Contacted for Further Information	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 Telephone 845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NV 10919
	Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional)
O Certification	In the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (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. 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)] X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs
	Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)
	Date: 2/14/2025

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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27497 MEDIACOM INDIANA LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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.

ID number

First community served Accounting period