COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- ☐ RETAIL NATURAL GAS SUPPLIER
- ☒ RETAIL NATURAL GAS MARKETER
- ☐ RETAIL NATURAL GAS BROKER
- ☐ RETAIL NATURAL GAS AGGREGATOR
- ☐ OTHER (Describe):

ANNUAL REPORT

OF

PROLIANCE ENERGY, LLC

(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

Address	City	County	State	Zip Code
111 Monument Circle, Suite 2200	Indianapolis	Marion	IN	46204

(317) 231-6800

Phone: (Area Code) Number

111 Monument Circle, Suite 2200 Indianapolis, IN 46204

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE

YEAR ENDED DECEMBER 31, 20_02

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Steven M. Sherman, Esq. ssherman@kdlegal.com (317) 238-6233

JUN 03'03 14:32 FR PUBLIC UTILITIES COMM 14 644 9548 TO 913176381507 P.06/

KRIEG · DEVAULT LLP

July 18, 2003

Steven M. Sherman
Direct Dial: (317) 238-6233
E-mail: ssherman@kdlegal.com

Mr. Larry D. Ringer
Office of Administration
Public Utilities Commission of Ohio
Columbus, OH 43215

Re: ProLiance Energy, LLC - Annual Report
Case No. 02-1909-GA-CRS

Dear Mr. Ringer:

Please find enclosed the Annual Report of ProLiance Energy, LLC. Based on an earlier discussion with Steve Puican from PUCO, it is our understanding that only non-mercantile sales under choice programs need to be reported. It is also my understanding that no non-mercantile sales under choice programs were made in 2002.

If you have any questions, please do not hesitate to call me.

Sincerely,

Steven M. Sherman

Enclosure

KD_IM-479651_1.DOC

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

   Limited Liability Company

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. Provide full particulars.

   Relius Energy LLC

3. Identify PUCO Case Number (and date issued) granting authority to operate as a CRNGS provider.

   02-1909-GA-CRS

4. Check all service territories in Ohio served by respondent:

   - ☐ Columbia Gas of Ohio
   - ☐ Dominion East Ohio
   - ☐ Cincinnati Gas & Electric
   - ☐ Vectren Energy Delivery of Ohio
   - ☒ Other (Please Explain) ProLiance does not believe it has served customers under a choice program in 2002 (See Attachment 1)

4. Website URL.

JUN 03'03 14:33 FR PUBLIC UTILITIES COMM 14 644 9546 TO 913176361507 P.09/1

TABLE OF CONTENTS

Title	Page
General Instructions	1
Identity of Respondent	2
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 1)	3
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed	4
Verification	5

JUN 03'03 14:32 FR PUBLIC UTILITIES COMM 14 644 9545 TO 913176361507 P.07/12

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.

2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.

3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.

4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.

5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.

6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.

7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.

8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.

JUN 03'03 14:33 FR PUBLIC UTILITIES COMM 14 844 9545 TO 913176361507 P.08/1.

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)			
		Sales (Mcf)	Earnings ($)
1	Natural Gas Sales		
	Mercantile		
	Non-Mercantile	-0-	-0-
	Other		
2	Total Natural Gas Sales		
3	All Other Intrastate Gross Earnings		
4	Total		-0-

non-mercantile customers
under choice programs

JUN 03'03 14:33 FR PUBLIC UTILITIES COMM 14 644 9546 TO 913175361507 P.10/1

Annual Report of ProLiance Energy, LLC Year Ended December 31, 20 02

SCHEDULE: 2

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

Steven M. Sherman — Attorney
Name — Title

One Indiana Square, Suite 2800 Indianapolis, IN 46204
Address

(317) 238-6233
Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed

Jack Larch — Controller
Name — Title

111 Monument Circle, Suite 2200 Indianapolis, IN 46204
Address

(317) 231-6948
Phone Number (Including Area Code)

Name and Address of the President

John Talley
Name — President

111 Monument Circle, Suite 2200 Indianapolis, IN 46204
Address

JUN 03'03 14:33 FR PUBLIC UTILITIES COMM 14 644 9548 TO 913176351507 P.11/1