COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	☐	☐
MARKETER	☐	☐
AGGREGATOR	☐	☐
GOVERNMENTAL AGGREGATOR	☒	☒
COOPERATIVE	☐	☐
RETAIL ELECTRIC GENERATION PROVIDER	☐	☐
OTHER (Describe): _____	☐	☐

INTRASTATE ANNUAL REPORT

OF

City of Toledo

(Exact legal name of respondent) Cert. # 02-013

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

One Government Center, Suite 2250	Toledo	Lucas	Ohio	43604
Address	City	County	State	Zip Code

419. 245. 1020

Phone: (Area Code) Number

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

RECEIVED-DOCKETING DIV
2004 JUN -1 AM 9:12
PUCO

FOR THE

YEAR ENDED DECEMBER 31, 2003

Annual Report of City of Toledo Year Ended December 31, 20 03

TABLE OF CONTENTS

Title	Page
General Instructions	1
Identity of Respondent	2
Important Changes During the Year	3
Statement of Intrastate Gross Earnings (Revenue) For the Year (Schedule 1)	4
Monthly Sales Volumes of Natural Gas by Service Territory (Schedules 2A - 2D)	5
Name, Address and Phone Number of the Company's Contact Persons and to Whom Invoice Should be Directed (Schedule 3)	9
Verification	10

Annual Report of City of Toledo Year Ended December 31, 2003

GENERAL INSTRUCTIONS

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 retail natural gas (CRNGS) and electric (CRES) suppliers. 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 authorized officer of the respondent.

Special Instructions for Governmental Aggregators

A governmental aggregator that does not directly supply natural gas and electricity to the members of its aggregation pool and receives no receipts or proceeds from the sale or provision of natural gas and electricity to the members of the aggregation pool, should timely complete the annual report and file it in accordance with the following instructions:

1. Complete all sections of the cover page;

2. On page 4, enter zero total earnings and type or print the name(s) of the governmental aggregator's supplier(s) in the space below the table;

3. Do not fill out pages 5, 6, 7 or 8;

4. On page 9, complete only the top third of the page;

5. Complete the oath on page 10.

Annual Report of City of Toledo Year Ended December 31, 20 03

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.

   Government

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.

   —

3. Identify the names of affiliate and subsidiary companies of the respondent.

   —

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES and respondent's certificate numbers.

   00-1915-EL-GAG (11.22.00) 00-026 (2)
   02-1655-GA-GAG (8.9.02) 02-013 (1)

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

   11.22.00
   8.9.02

6. Provide a list of Ohio service territories served by respondent.

   Toledo

7. Identify respondent's website URL.

   ci.toledo.oh.us

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

   Leslie A. Kovacik, Senior Attorney
   One Government Center, Suite 2250
   Toledo, OH 43604
   leslie.kovacik@ci.toledo.oh.us
   419.245.1020

IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

Annual Report of _____ Year Ended December 31, 20___

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, Revised Code. 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 and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) AND SALES			
	Natural Gas Sales	**Sales (Mcf)**	**Earnings ($)**
	Mercantile[1]		
	Non-Mercantile		
	Other		
1	Total Natural Gas Sales		
	Electricity Sales	**Sales (kWh)**	**Earnings ($)**
2	Total Electric Sales		
3	All Other Intrastate Gross Earnings		
4	Total Earnings 1 + 2 + 3		0

FirstEnergy Solutions, Interstate Gas Supply

1. "Mercantile" means a customer that consumes, other than for residential use, more than five hundred thousand cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. "Mercantile customer" excludes a not-for-profit customer for which a declaration under Section 4929.01(L)(2), Ohio Revised Code, is in effect.

Annual Report of _____ Year Ended December 31, 20____

SCHEDULE: 2A

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS
in the Cincinnati Gas & Electric Company service area

	Mercantile	Non-Mercantile	Total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Annual Report of _____ Year Ended December 31, 20___

SCHEDULE: 2B

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS
in the Columbia Gas of Ohio service area

	Mercantile	Non-Mercantile	Total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Annual Report of _____ Year Ended December 31, 20____

SCHEDULE: 2C

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS
in the Dominion East Ohio service area

	Mercantile	Non-Mercantile	Total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Annual Report of _____ Year Ended December 31, 20____

SCHEDULE: 2D

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

SALES VOLUMES OF NATURAL GAS
in the Vectren Energy Delivery of Ohio service area

	Mercantile	Non-Mercantile	Total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Annual Report of City of Toledo Year Ended December 31, 20 03

SCHEDULE: 3

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

Leslie A. Kovacik Senior Attorney

Name Title

One Government Center, Suite 2250 Toledo, OH 43604

Address

419.245.1020

Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to Whom Invoice Should be Directed

Name Title

Address

Phone Number (Including Area Code)

Name and Address of the President

Name President

Address

Annual Report of City of Toledo Year Ended December 31, 2003

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

OATH

State of Ohio
County of Lucas

Leslie A Kovacik makes oath and says that
(Insert here the name of the affiant.)

he/she is Senior Attorney
(Insert here the official title of deponent)

of City of Toledo
(Insert here the exact legal title or name of the respondent.)

that he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including Jan, 2003, to and including Dec, 2003

(Signature of affiant.)