FILE

7

11-02-GA-RPT

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):

RECEIVED-DOCKETING DIV
2011 APR -7 PM 5:24
PUCO

ANNUAL REPORT

OF

City of Hilliard, Ohio

(Exact legal name of respondent)

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

3800 Municipal Way, Hilliard, Franklin County, Ohio 43026

Address | City | County | State | Zip Code

614-334-2445

Phone: (Area Code) Number

3800 Municipal Way, Hilliard, Ohio 43026

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE

YEAR ENDED DECEMBER 31, 2010

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

Tracy Bradford, Assistant Law Director, 3800 Municipal Way, Hilliard, Ohio 43026

Email: tbradford@cityofhilliard.com Telephone: 614-334-2445

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business
Technician _____ Date Processed APR 08 2011

Revised 10-30-09

Annual Report of City of Hilliard, Ohio Year Ended December 31, 20 10

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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 CRNGS. 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.

Annual Report of City of Hilliard, Ohio Year Ended December 31, 2010

IDENTITY OF RESPONDENT

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

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

   06-0507-GA-GAG 06-114G(3)

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

   - [x] Columbia Gas of Ohio
   - [ ] Dominion East Ohio
   - [ ] Duke Energy Ohio
   - [ ] Other (Please Explain)
   - [ ] Vectren Energy Delivery of Ohio

4. Website URL.

   www. HilliardOhio.gov

Annual Report of City of Hilliard, Ohio Year Ended December 31, 2010

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, 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 are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE SALES AND REVENUES *

	Natural Gas Sales / Revenues	Sales (Mcf)	Revenues ($)
1	Choice Program Retail Sales	0	0
2	Choice Program Aggregation Sales	0	0
3	Total Natural Gas Sales (1+2)	0	0

* The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

Annual Report of City of Hilliard, Ohio Year Ended December 31, 2010

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

Tracy Bradford — Assistant Law Director

Name — Title

3800 Municipal Way, Hilliard, Ohio 43026

Address

614-334-2445

Phone Number (Including Area Code)

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

Tracy Bradford — Assistant Law Director

Name — Title

3800 Municipal Way, Hilliard, Ohio 43026

Address

614-334-2445

Phone Number (Including Area Code)

Name and Address of the President

Don Schonhardt — Mayor

Name — President

3800 Municipal Way, Hilliard, Ohio 43026

Address

Annual Report of City of Hilliard, Ohio Year Ended December 31, 2010

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the state in which the same is taken.

OATH

State of Ohio

County of Franklin

Don Schonhardt makes oath and says that
(Insert here the name of the affiant.)

he is Mayor
(Insert here the official title of deponent)

of City of Hilliard, Ohio;
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true; and that 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 January 1, 2010, to and including December 31, 2010.

Don Schonhardt
(Signature of affiant.)

NOTARIAL SEAL STATE OF OHIO

Shellie A. Sivert
Notary Public, State of Ohio
My Commission Expires 12-10-2011

Shellie A. Sivert
4/4/2011