

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	<input type="checkbox"/> N	<input type="checkbox"/> N
MARKETER	<input type="checkbox"/> N	<input type="checkbox"/> N
AGGREGATOR	<input type="checkbox"/> N	<input type="checkbox"/> N
GOVERNMENTAL AGGREGATOR	<input type="checkbox"/> Y	<input type="checkbox"/> Y
RETAIL ELECTRIC GENERATION PROVIDER	<input type="checkbox"/> N	
OTHER (Describe): _____	<input type="checkbox"/> N	<input type="checkbox"/> N

INTRASTATE ANNUAL REPORT

OF

City of Marion

(Exact legal name of respondent)

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

233 WEST CENTER STREET. MARION, MARION OHIO 43302

Address	City	County	State	Zip Code
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740-387-2020

740-387-2020

Phone: (Area Code) Number

341 WHITE POND DRIVE AKRON, OH 44320

(Address of principal business office at end of year)

**TO THE
PUBLIC UTILITIES COMMISSION OF OHIO**



FOR THE
YEAR ENDED DECEMBER 31, 2010

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.

OTHER - MUNICIPALITY

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.

NOT APPLICABLE

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

NOT APPLICABLE

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

GAS - 02-1772-GA-GAG

ELECTRIC - 01-491-EL-GAG

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

CRNGS operations: August 12, 2002

CRES operations: March 31, 2001

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

NOT APPLICABLE

7. Identify respondent's website URL.

www.marionohio.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.

ELECTRIC - FRANK J. MONTELEONE, JR., THE E GROUP, 341 WHITE POND DRIVE,
AKRON, OHIO 44320

PHONE: 330-315-6858 EMAIL:monteleonef@e-grp.com

GAS - KIMBERLY MALCOLM, THE E GROUP, 341 WHITE POND DRIVE, AKRON,
OHIO 44320

PHONE: 330-315-6911 EMAIL: kmalcolm@e-grp.com

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 SALES AND REVENUES *

<u>Natural Gas</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
Choice Program Retail Sales	0	\$0
Choice Program Aggregation Sales	0	0
Total Gas	0	\$0
<u>Electric</u>	<u>Sales (kWh)</u>	<u>Gross Receipts (\$)</u>
Total Sales	0	\$0
All Other Sales	0	0
Total Electric	0	\$0
Total Electric and Natural Gas		\$0

* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, 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.

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

Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

FRANK J. MONTELEONE, JR
Name

ENERGY ADVISOR
Title

monteleonef@e-grp.com
E-mail

341 WHITE POND DRIVE AKRON, OHIO 44320
Address

330-315-6858
Phone Number (Including Area Code)

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

N/A
Name

N/A
Title

N/A
E-mail

N/A
Address

N/A
Phone Number (Including Area Code)

Name and Address of the President

Jay Shoup, Service Director
Name

233 W Center St Marion, OH 43302
Address

VERIFICATION

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

OATH

State of OHIO
County of MARION

makes oath and says that JAY SHOUP

s/he is SERVICE DIRECTOR

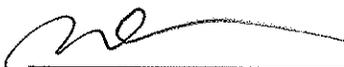
of City of Marion

that s/he has examined the foregoing report; that to the best of her/his 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 January 1, 2010 to and including December 31, 2010.



(Signature of affiant.)

Sworn and subscribed before me this 25th day of April, 2011 Month/Year



Signature of notary

MARK D. RUSSELL, Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration Date
Section 147.03 Ohio Revised Code

My commission expires on N/A

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/27/2011 3:59:52 PM

in

Case No(s). 11-0003-GE-RPT

Summary: Annual Report electronically filed by Kimberly Malcolm on behalf of City of Marion