



- RETAIL NATURAL GAS SUPPLIER
- RETAIL NATURAL GAS MARKETER
- RETAIL NATURAL GAS BROKER
- RETAIL NATURAL GAS AGGEGATOR
- OTHER :

Certification No. 10-191G

Annual Report for the Year ending December 31, 2012
of
Glacial Natural Gas, Inc.

Address:

24 Route 6A
Sandwich, MA 02563

Website URL:

www.glacialenergy.com

Filed by:

Adam Gusman
(202) 421-4855

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2011 reporting year or thereafter.

Annual Report filings and instructions are available at:

www.puco.ohio.gov/puco/docketing/

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 *			
		Sales (Mcf)	Revenues (\$)
1	Choice Program Retail Sales	1,347,838	\$5,359,859
2	Choice Program Aggregation Sales	0	\$0
3	Total Natural Gas Sales (1 + 2)	1,347,838	\$5,359,859

* 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 sales and revenues as part of Choice Program Retail Sales.

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

Docketing Contact Information

adam.gusman@glacialenergy.com

Email

Adam Gusman

Chief Compliance Officer

Name

Title

24 Route 6A Sandwich, MA 02563

Address

(508) 833-3500

Phone Number (including Area Code)

Fiscal Contact Information

accounts.payable@glacialenergy.com

Email

Kate Prins

Accounts Payable Manager

Name

Title

5326 Yacht Haven Grande, Box 36 St Thomas, VI 00802

Address

(340) 715-7081

Phone Number (including Area Code)



Public Utilities Commission

Affidavit for the Filing of the Annual Report of a Regulated Entity

REQUIRED VERIFICATION:

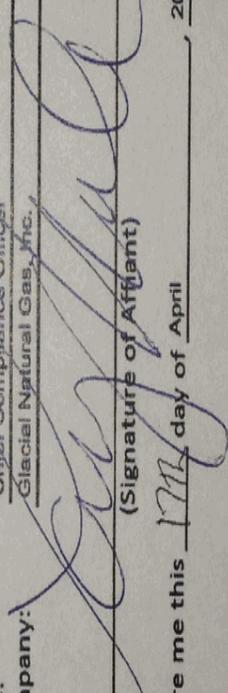
The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).
 State of: U.S. Virgin Islands
 County of: St. Thomas-St. John

Affiant's Name: Gary D. Mole
 Affiant's Title: President
 Reporting Entity: Glacial Natural Gas, Inc.

OATH:
 The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: Adam Guernsey
 Filer's Title: Chief Compliance Officer
 Filer's Company: Glacial Natural Gas, Inc.

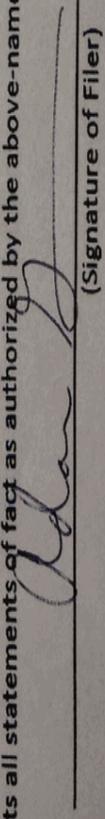

 (Signature of Affiant)

Sworn and subscribed before me this 17th day of April, 2013

Signature of Notary
 Print name of Notary: _____
 My commission expires on: _____

NOTARY PUBLIC
 Name: Jade Pruit
 My Commission Exp: June 7, 2016
 NP Commission #: NP-07-12
 St. Thomas/St. John-USA District

DECLARATION OF FILER:
 The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.


 (Signature of Filer)



