



Certification Number: 89-8012

PUCOID Number: 300565

**Annual Report for the Year ending December 31, 2013
of
Northeast Ohio Natural Gas Corporation**

Address:

8500 Station St
Mentor, OH 44060

Website URL:

N/A

Filed by:

Joe Brem
(440) 701-5100

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2013 reporting year.

Annual Report filings and instructions are available at:

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

**STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)
FOR OHIO AT CLOSE OF YEAR**

Amount (in dollars)

Acct. No.	Item	Total Company (1)	Intrastate (Other than Ohio) 2	Ohio Intrastate (3)= (1)-(2)
400	Gas Operating Revenues	\$20,824,549	\$0	\$20,824,549
411.6	Gains From Disposition of Utility Property	\$0	\$0	\$0
412	Revenue From Gas Plant Leased to Others	\$0	\$0	\$0
414	Other Utility Operating Income	\$0	\$0	\$0
415	Revenues from Merch., Jobbing & Contract Work	\$187,885	\$0	\$187,885
417	Revenues From Nonutility Operations	\$276,032	\$0	\$276,032
418	Nonoperating Rental Income	\$0	\$0	\$0
418.1	Equity in Earnings of Subsid. Co.	\$0	\$0	\$0
419	Interest & Dividend Income	\$3,621	\$0	\$3,621
421	Miscellaneous Nonoperating Income	\$0	\$0	\$0
421.1	Gains from Disp. Of Property	\$0	\$0	\$0
433	Extraordinary Income	\$0	\$0	\$0
	SUBTOTAL	\$21,292,087	\$0	\$21,292,087
483	Earnings or Receipts from Sales to Utilities for Resale	\$0	\$0	\$0
	Total	\$21,292,087	\$0	\$21,292,087

"Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio."

(For the user and purposes designated in Revised Code Section 4905.10, assessment for maintaining the Public Utilities Commission of Ohio)

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

Docketing Contact Information

dwhiteman@egas.net

Email

Don Whiteman

Corporate Controller

Name

Title

8500 Station Street, Suite 100 Mentor, OH 44060

Address

(440) 701-5100

Phone Number (including Area Code)

Fiscal Contact Information

dwhiteman@egas.net

Email

Don Whiteman

Corporate Controller

Name

Title

8500 Station Street, Suite 100 Mentor, OH 44060

Address

(440) 701-5100

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: [Ohio]
County of: [Lake]

Affiant's Name: Don Whiteman
Affiant's Title: Corporate Controller
Reporting Entity: Northeast Ohio Natural Gas Corp.

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:
Filer's Title:
Filer's Company:

[Signature of Don Whiteman]
(Signature of Affiant)

Sworn and subscribed before me this 30th day of May

[Signature of Megan Richards]
Signature of Notary
Print name of Notary: Megan Richards
My commission expires on: 7/18/15



MEGAN RICHARDS
Notary Public
In and for the State of Ohio
My Commission Expires
July 18, 2015

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)