



Certification Number: 89-8003

PUCOID Number: 300343

**Annual Report for the Year ending December 31, 2014  
of  
Columbia Gas of Ohio Inc**

Address:

290 W Nationwide Blvd  
Columbus, OH 43215-2852

Website URL:

N/A

Filed by:

**Carla A. Rider**  
**(614) 460-4868**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://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<br>Company<br>(1) | Intrastate<br>(Other than Ohio)<br>2 | Ohio<br>Intrastate<br>(3)= (1)-(2) |
|-----------|---|-------------------------|--------------------------------------|------------------------------------|
| 400       | Gas Operating Revenues                                  | \$991,316,081           | \$30,975,429                         | \$960,340,652                      |
| 411.6     | Gains From Disposition of Utility Property              | \$0                     | \$0                                  | \$0                                |
| 412       | Revenue From Gas Plant Leased to Others                 | \$84,567                | \$0                                  | \$84,567                           |
| 414       | Other Utility Operating Income                          | \$0                     | \$0                                  | \$0                                |
| 415       | Revenues from Merch., Jobbing & Contract Work           | \$0                     | \$0                                  | \$0                                |
| 417       | Revenues From Nonutility Operations                     | \$28,550                | \$0                                  | \$28,550                           |
| 418       | Nonoperating Rental Income                              | \$0                     | \$0                                  | \$0                                |
| 418.1     | Equity in Earnings of Subsid. Co.                       | \$1,035,465             | \$0                                  | \$1,035,465                        |
| 419       | Interest & Dividend Income                              | \$13,889                | \$0                                  | \$13,889                           |
| 421       | Miscellaneous Nonoperating Income                       | \$0                     | \$0                                  | \$0                                |
| 421.1     | Gains from Disp. Of Property                            | \$45,560                | \$0                                  | \$45,560                           |
| 433       | Extraordinary Income                                    | \$0                     | \$0                                  | \$0                                |
|           | <b>SUBTOTAL</b>   | <b>\$992,524,112</b>    | <b>\$30,975,429</b>                  | <b>\$961,548,683</b>               |
| 483       | Earnings or Receipts from Sales to Utilities for Resale | \$-2,629,814            | \$0                                  | \$-2,629,814                       |
|           | <b>Total</b>  | <b>\$995,153,926</b>    | <b>\$30,975,429</b>                  | <b>\$964,178,497</b>               |

"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**

crider1@nisource.com

Email

Carla Rider

Accounting Manager

Name

Title

290 W. Nationwide Blvd. Columbus, Oh 43215

Address

(614) 460-4868

Phone Number (including Area Code)

**Fiscal Contact Information**

crider1@nisource.com

Email

Carla Rider

Accounting Manager

Name

Title

290 W. Nationwide Boulevard Columbus, Oh 43215

Address

(614) 460-4868

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: Franklin

Affiant's Name: Daniel A. Creekmur  
Affiant's Title: President  
Reporting Entity: Columbia Gas of Ohio, 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: Carla A. Rider  
Filer's Title: Accounting Manager  
Filer's Company: NiSource Corporate Services, Inc. (Columbia Gas of Ohio, Inc.)

(Signature of Affiant)

Sworn and subscribed before me this 28<sup>th</sup> day of APRIL 2015

Signature of Notary  
Print name of Notary: CHERYL MACDONALD  
My commission expires on: MARCH 26, 2017



CHERYL A. MacDONALD  
Notary Public, State of Ohio  
My Commission Expires  
March 26, 2017

### 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)