10-03-GE-RAT

COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

_	·
X	RETAIL NATURAL GAS SUPPLIER RETAIL NATURAL GAS MARKETER
	RETAIL NATURAL GAS BROKER
	RETAIL NATURAL GAS AGGREGATOR
	OTHER (Describe):

ANNUAL REPORT

ENERGYUSA - TPC

(Exact legal name of respondent)

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

233	280	th Ave.	MERRIU	عبالا	LAKE	$I_{\mathcal{V}}$	_ 46410
Address			City	Cour	ity	State	Zip Code
<u> </u>	· _		(219)	647.	- 5280)	
	.7		Phone: (Are	a Code) Num	ber		,

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

PUCO PUCO

RECEIVED-DOCKETING DIV



FOR THE

YEAR ENDED DECEMBER 31, 2009.

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

Bob Barsic, Revenue Manager, 1 barsic@nisource.com

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 S Date Processed 7 13 10

Revised 10-30-09

Annual Report of ENERGY USA-TPC Year Ended December 31, 20 09

TABLE OF CONTENTS

Title	Page
General Instructions	. 1
Identity of Respondent	2
Statement of Intrastate Gross Earnings (Revenue) for the Year (Schedule 1)	. 3
Name, Address and Phone Number of the Company's Contact Persons and Whom	
Invoice Should be Directed.	4
Verification	5

Annual Report of ENERGY USA-TPC

Year Ended December 31, 20 09

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.
- 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.

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation,

2.	or other (explain). CORPORATION REGISTERS IN THE Identify any other names (other than shown on title page) under which resport of its business during the year. Provide full particulars.	UDIAUA condent conducted any
	NONE	
2	Identify PIICO Cace Number (and date issued) granting authority to gnerate	as a CRNGS provider

	05~1135~6A~CRS Check all service territories in Ohio served by respondent:	RENEWAL	. Octo	OBER 16
ŧ.	Check an service territories in Onio served by respondent			•
	Columbia Gas of Ohio			٠,
	Dominion East Ohio			

Dominion East Ohio
Duke Energy Ohio
Other (Please Explain)
Vectren Energy Delivery of Ohio

4. Website URL.

NWW. ENERBYUSA. COM PARENT: WWW. N. Source. Com

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 SALE	S AND REVENUES *	
_	Natural Gas Sales / Revenues	Sales (Mcf)	Revenues (\$)
1	Choice Program Retail Sales	Ø	Ø
2	Choice Program Aggregation Sales	Ø.	Ø.
3	Total Natural Gas Sales (1+2)	- W	10

^{*} 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.

Mercantite

5. 108,560.9

Annual Report of ENERBY USA - TPC Year Ended December 31, 2005

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

Bob BARSIC	REVENUE MANAGER Title LOZ MERRILLVILLE, IN 46410
Name	Title
233 E 84th Drive SuiTE	102 MERRILLVILLE, IN 46410
(219) 647-5280	
Phone Number (Including Area Code)	•
Name, Title, Address, and Phone Number should be Directe	
CHERKL MILLEN Name 233 E84th PL. MERRILL Address	Se Revenue ANALYST
Name	Title
O. Sutte 102	4.1640
233 ES4th PC. MERRIL	LVILCE IN 46410
Address	
(219) 647-5289	
(219) 647-5289 Phone Number (Including Area Code)	
Phone Number (Including Area Code)	
Name and Address of the	President
•	
JIMMY STATAN	Decement
Name	President
	a de la
801 E 86th Ave. ME	RRILLVIELE, IN 46410
Address	

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 TNDIAWA	
County of LAKE	
MELISSA ATON	makes oath and says that
(Insert here the name of the affiant.)	
heis DIRECTOR RISK	
(Insert here the official t	itle of deponent)
of ENERGY USA-TPC (Insert here the exact legal title or a	;
(Insert here the exact legal title or	name of the respondent.)
that he has examined the foregoing report; that to the best statements of fact contained in the said report are true; and the business and affairs of the above-named respondent is therein during the period from and including Linux . 20	that the said report is a correct statement of n respect to each and every matter set forth
	CHERYL A. MILLEN Notary Public. State of Indiana Lake County My Commission Expires March 09, 2012