

FILE

PUCO EXHIBIT FILING

Date of Hearing: May 23rd, 2016Case No. 15-1020-EL-CSS

PUCO Case Caption: _____

Jane Ann Bidwell

vs

Ohio Power CompanyRECEIVED-BOOKING
2016 JUN -7 PM 3:21
PUCO

List of exhibits being filed:

COMPANY EXHIBITS	IDENTIFIED	ADMITTED
1 - \$680.73 bill	63	127
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3 - Apartment Lease	77	127
4 - Utilities, Electric, Gas service	78	127
5 - Work schedule	82	127
6 - Transcribed telephone conversation	90	127
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9 - Humalog prescribing information	110	127
10 - NovoLog Frequently Asked Questions	112	127
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12 - Michele Jeunelot testimony	144	222

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 Technician SMO Date Processed JUN 07 2016

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COMPLAINANT'S EXHIBITS	IDENTIFIED	ADMITTED
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BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

Jane Ann Bidwell, :
Complainant, :
vs. : Case No. 15-1020-EL-CSS
Ohio Power Company, :
Respondent. :

- - -

PROCEEDINGS

Before L. Douglas Jennings, Attorney-Examiner, at the
Public Utilities Commission of Ohio, 180 East Broad
Street, Room 11-C, Columbus, Ohio, called at 10:00
a.m. on Monday, May 23rd, 2016.

- - -

ARMSTRONG & OKEY, INC.
222 East Town Street, Second Floor
Columbus, Ohio 43215-4620
(614) 224-9481 - (800) 223-9481
Fax - (614) 224-5724

- - -

Bidwell Special Environment 1
AEP OHIO
A unit of American Electric Power

Account Number
101-614-908-2-5
CY 17
68073

\$680.73	\$
Total Amount Due	Amount Enclosed
Due Date Apr 8	

Send Inquiries To:
PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

22986-1
100022986 01 AT 0.403

JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417

00006807300006807301000000000010161490825230308040179000003

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 105
COLUMBUS, OH 43240-1536

Rate Tariff: Residential Service-013

Page 1 of 3

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$680.73	Apr 8, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 23, 2015

Previous Charges:

Total Amount Due At Last Billing \$.00
Deposit Amount Due 82.00
Payment 03/20/15 - Thank You -82.00
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 013 - Residential Service 10/22/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 35.00
Transmission Service 9.26
Distribution Service 23.62
Customer Charge 1.81
Retail Stability Rider 2.62
Deferred Asset Phase-In Rider .94

Current Electric Charges Due \$ 73.25

Tariff 013 - Residential Service 11/19/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 55.94
Transmission Service 12.03
Distribution Service 40.16
Customer Charge 4.52
Retail Stability Rider 3.41
Deferred Asset Phase-In Rider 1.80

Current Electric Charges Due \$ 117.86

Tariff 013 - Residential Service 12/22/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 68.94
Transmission Service 14.83
Distribution Service 48.89
Customer Charge 4.52
Retail Stability Rider 4.20
Deferred Asset Phase-In Rider 2.14

Current Electric Charges Due \$ 143.52

Tariff 013 - Residential Service 01/24/15

Service Delivery Identifier: 00040621055349455

Generation Service \$ 83.03

For Billing, Outage or Service Inquiries,
Call: 1-800-672-2231
Pay By Phone: 1-800-611-0964

AEP OHIO Messages

In Case No. 12-2627-EL-RDR, the PUCO approved an adjustment to increase the Distribution Investment Rider, effective with this bill. This rider, which is adjusted quarterly, recovers capital costs associated with distribution infrastructure. A residential customer using 1,000 kWh per month will see an increase of \$0.27 per month.

Do Not Tamper - Tampering with an energized electric meter can cause serious injury or death. If you suspect a problem with your meter, call the customer service number listed on your electric bill for assistance. In addition, meter tampering is illegal and can result in fines and/or imprisonment.

Welcome to AEP OHIO!

We now have outage alerts available. Log onto your account and register for alerts and **we will notify you when your power goes out**, an estimate of when it will be restored, and then when it is restored. Once enrolled looking for our number will be a thing of the past!

Visit us at www.AEPOhio.com
Due date does Not Apply to the previous balance due
See other side for Important Information

AEP OHIO
A unit of American Electric Power

PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

22986-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 105
COLUMBUS, OH 43240-1536

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$680.73	Apr 8, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 23, 2015

Tariff 013 - Residential Service 01/24/15

Transmission Service	21.56
Distribution Service	52.97
Customer Charge	8.40
Retail Stability Rider	6.11
Deferred Asset Phase-In Rider	2.23

Current Electric Charges Due \$ 174.30

Tariff 013 - Residential Service 02/23/15

Service Delivery Identifier: 00040621055349455

Generation Service	\$ 87.33
Transmission Service	11.21
Distribution Service	56.03
Customer Charge	8.40
Retail Stability Rider	6.50
Deferred Asset Phase-In Rider	2.33

Current Electric Charges Due \$ 171.80

Total Amount Due \$680.73

Due Date Apr 8

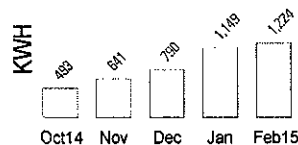
Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.1 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter Number	Service Period From	Service Period To	Previous	Code	Current	Code
532575548	10/10	10/22	109	Estimate	602	Actual
Multiplier 1.0000			Metered Usage 493 KWH			
532575548	10/22	11/19	602	Actual	1243	Actual
Multiplier 1.0000			Metered Usage 641 KWH			
532575548	11/19	12/22	1243	Actual	2033	Actual
Multiplier 1.0000			Metered Usage 790 KWH			
532575548	12/22	01/24	2033	Actual	3182	Actual
Multiplier 1.0000			Metered Usage 1,149 KWH			
532575548	01/24	02/23	3182	Actual	4406	Actual
Multiplier 1.0000			Metered Usage 1,224 KWH			

Next scheduled read date should be between Mar 23 and Mar 26

13 Month Usage History

Total KWH for Past 12 Months is 3,073



Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	1,224	30	41	\$5.73	21°F
Previous	1,149	33	35	\$5.28	29°F
One Year Ago	0	0	0	\$0.00	0°F

Your Average Monthly Usage: 768 KWH

Additional Messages

PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

22986-1

Service Address:

JANE A BIDWELL
1051 LAS VEGAS BLVD STE
105
COLUMBUS, OH 43240-1536

Account Number		
101-614-908-2-5		
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 23, 2015

DEPOSIT RECEIPT

The amount indicated below is a deposit to secure payment of bills for electric service. The deposit is refundable based on the "Deposit Policy" section of this receipt. While the deposit is being held, the electric service bills are to be paid regularly as rendered in accordance with Tariffs, Terms and Conditions of Service. This receipt is not transferable.

Customer Name	JANE A BIDWELL	
Mailing Address	1051 LAS VEGAS BLVD APT 10515 COLUMBUS, OH 43240-1541	
Account Number	101-614-908-2-5	Area Office: 11170
Deposit Number	104595900 0682 001 20150320	
Deposit Date	03/20/2015	
Deposit Amount	\$82.00	
Cashier Number	893	

THIS VOIDS AND REPLACES ANY TEMPORARY RECEIPT THAT MAY HAVE BEEN PREVIOUSLY ISSUED

DEPOSIT POLICY

The deposit amount will be applied to your final bill when your electric service is discontinued, or refunded when the following conditions are met:

- We have held your deposit for at least 12 months; and
- Ten of your past 12 bills have been paid by the due date; and
- None of your checks have been returned to us by the bank due to insufficient funds; and
- Your service has not been disconnected for nonpayment; and
- Your account has no past due amount at the time of review.

Interest at 3% per annum will be paid on any deposit we retain longer than 6 months. The amount of interest will be included in the total amount refunded to you or applied to your final bill when service is discontinued.

If you have any questions, at any time, about our deposit policy, please contact us.

PLEASE RETAIN THIS DEPOSIT RECEIPT FOR YOUR RECORDS.

AEF OH Ex-2

Bidwell, JANE A
AEF OHIO
 A unit of American Electric Power

Account Number
 101-614-908-2-5
 CY 17
 0

\$92.64 Total Amount Due	\$ Amount Enclosed
------------------------------------	-----------------------

Send Inquiries To:
 PO BOX 24401
 CANTON, OH 44701-4401
 D-10-532575548

3666-1
 101003666 01 AT 0.403



JANE A BIDWELL
 1051 LAS VEGAS BLVD APT 10515
 COLUMBUS, OH 43240-1541

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
 PO BOX 24418
 CANTON OH 44701-4418



0000092640000092640100000000001016149082522052205017900005

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE
10515
COLUMBUS, OH 43240-1541

Rate Tariff: Regular Residential-013

Account Number	Disconnect Amount	Disconnect After Date
101-614-908-2-5	\$92.64	Jun 25, 2015
Meter Number	Cycle-Route	Mail Date
532575548	17-65	May 22, 2015
Please call our CREDIT DEPARTMENT IMMEDIATELY, TOLL FREE, at: 1-800-807-6789 to discuss this account Pay By Phone: 1-800-611-0964		

DISCONNECT NOTICE

Your service may be disconnected on or after June 25, 2015 for a 30 days past due amount of \$92.64, which may include CRES provider charges.

Please make your payment immediately. Failure to pay the amount required to an authorized agent by the date specified in this notice may result in a security deposit of \$20.00 being required before service can be restored. In addition, a reconnect charge as shown below will be required.

Charges	Normal Hours	Off Shift	Sunday
Reconnect at Meter	\$53.00	\$98.00	\$119.00
Reconnect at Pole	\$154.00	\$192.00	\$221.00
Reconnect Install Locking Device	\$73.00		
Trip Charge	\$16.00		

To AVOID DISCONNECTION, you must do ONE of the following: Pay the entire amount due; enter into an agreement requiring either six equal payments plus your current bill or nine equal monthly payments plus a budgeted payment amount; enter into an agreement requiring minimum monthly payments of one-third of your account balance (valid only Nov. 1 - April 15); enter into an agreement to make monthly payments based on a percentage of income (if the total household income is equal to or less than 150% of the Federal poverty level); or agree to any other extended payment plan that is mutually acceptable to you and the Company.

If disconnection of service for nonpayment would be especially dangerous to the health of a household member, a medical certification program and forms are available from the Company.

The disconnect amount due does not include charges for nontariffed products or services, but may include charges for competitive retail electric service. Failure to pay charges for other nontariffed products or services may result in loss of those products or services.

To pay your bill by phone call Billmatrix at 1-800-611-0964 or for a list of pay stations, go to www.AEPOhio.com or contact us at the telephone number shown above.

If payment has been made, please accept our thanks and disregard this notice.

Receipt of a new bill will NOT change the requirements of this notice.

Bidwell's Ohio Attachment 5
A unit of American Electric Power

Account Number
101-614-908-2-5
CY 17
8539

\$85.39	\$
Total Amount Due	Amount Enclosed
Due Date Jun 11	

Send Inquiries To:
PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

16118-1
100016118 01 AV 0.378

JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417

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Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Rate Tariff: Residential Service-013

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$85.39	Jun 11, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	May 26, 2015

Previous Charges:

Total Amount Due At Last Billing \$ 92.64
Payment 05/26/15 - Thank You -92.64
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 013 - Residential Service 05/23/15
Service Delivery Identifier: 00040621055349455

Generation Service \$ 42.58
Transmission Service 5.13
Distribution Service 24.89
Customer Charge 8.40
Retail Stability Rider 2.98
Deferred Asset Phase-In Rider 1.41
Current Electric Charges Due \$ 85.39

Total Amount Due
Due Date Jun 11

\$85.39

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.5 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter Number	Service Period From	To	Previous	Code	Current	Code
532575548	04/23	05/23	5804	Actual	6364	Actual
Multiplier 1.0000		Metered Usage 560 KWH				

Next scheduled read date should be between Jun 22 and Jun 25

For Billing, Outage or Service Inquiries,
Call: 1-800-672-2231
Pay By Phone: 1-800-611-0964

AEP OHIO Messages

Register for online services at www.AEPOhio.com. Registration is **free and easy** and gives you the convenience of 24-hour access to your account. You can sign up for paperless billing, view your bill, check your usage, update your contact information, and much more.

FREE pickup of your old refrigerator - You can earn easy money from the comfort of your easy chair. Receive a **\$50 rebate** when you recycle your old refrigerator or freezer. To schedule your easy pickup today, call 877.545.4112 or visit AEPOhio.com/WasteLess.

Make this the last bill sent in the mail. Gain more security and trust and Go Paperless to get an email notification when your bill is ready. Today is the Day! AEPPaperless.com.

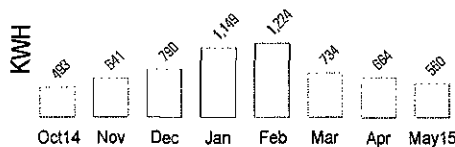
Pay online for free when you sign up for paperless billing. Go to www.AEPPaperless.com to enroll today!

13 Month Usage History

Total KWH for Past 12 Months is 5,695

Visit us at www.AEPOhio.com
Due date does Not Apply to the previous balance due
See other side for Important Information

AEP OHIO
A unit of American Electric Power



PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

16118-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$85.39	Jun 11, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	May 26, 2015

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	560	30	19	\$2.85	61°F
Previous	664	30	22	\$3.09	51°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 814 KWH					

Additional Messages

Bidwell 3901 Attachment 6
AEP OHIO
 A unit of American Electric Power

Account Number
101-614-908-2-5
 CY 17
 8232

\$82.32	\$ _____
Total Amount Due	Amount Enclosed
Due Date Jul 10	

Send Inquiries To:
 PO BOX 24401
 CANTON, OH 44701-4401
 R-10-532575548

13460-1
 100013460 01 AV 0.388

|||||
JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$ _____

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417



000008232000008232010000000001016149082524061007017900005

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Rate Tariff: Residential Service-014

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$82.32	Jul 10, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Jun 24, 2015

Previous Charges:

Total Amount Due At Last Billing \$ 85.39
 Payment 06/18/15 - Thank You -85.39
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 014 - Residential Service 06/24/15

Service Delivery Identifier: 00040621055349455

Generation Service \$ 35.90
 Transmission Service 6.92
 Distribution Service 26.51
 Customer Charge 8.40
 Retail Stability Rider 3.13
 Deferred Asset Phase-In Rider 1.46
Current Electric Charges Due \$ 82.32

Total Amount Due

\$82.32

Due Date Jul 10

Price-to-Compare: For tariff 014, in order to save you money a new supplier must offer you a price lower than 6.3 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter Number	Service Period		Meter Reading Detail			
	From	To	Previous	Code	Current	Code
532575548	05/23	06/24	6364	Actual	6952	Actual
Multiplier 1.0000			Metered Usage 588 KWH			
Next scheduled read date should be between Jul 22 and Jul 27						

For Billing, Outage or Service Inquiries,
 Call: 1-800-672-2231
 Pay By Phone: 1-800-611-0964

AEP OHIO Messages

The Public Utilities Commission of Ohio in Case No. 13-2385-EL-SSO on May 28, 2015 approved AEP Ohio's request to modify its Generation and Transmission riders in order to reflect the current competitive market structure. A residential customer using 1,000 kWh of electricity will see a decrease of \$3.68 per month effective with this bill.

The Public Utilities Commission of Ohio in Case No. 14-192-EL-RDR on May 28, 2015 approved AEP Ohio's request to increase its gridSMART rider. The gridSMART rider allows the Company to recover a portion of the costs of grid modernization within the pilot area. A residential customer will see an increase of \$0.50 per month.

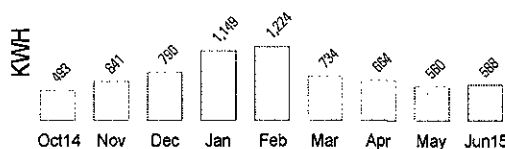
To avoid unnecessary delays in crediting your electric payment, please **do not paper clip or staple your check to the bill payment stub.**

13 Month Usage History

Total KWH for Past 12 Months is 6,255

Visit us at www.AEPOhio.com
 Due date does Not Apply to the previous balance due
 See other side for Important Information

AEP OHIO
 A unit of American Electric Power



PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

13460-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$82.32	Jul 10, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Jun 24, 2015

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	588	32	18	\$2.57	72°F
Previous	560	30	19	\$2.85	61°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 782 KWH					

Additional Messages

*If you pay your electric bill in person, remember to pay only at **AUTHORIZED** pay stations. These locations send notice of your payment immediately to **AEP Ohio** which could prevent service disconnection. Pay stations may charge a fee for this service. Keep your receipt as proof of payment. For a list of authorized pay stations or other payment options, visit our website at www.aepohio.com or call the number above.**

FREE pickup of your old refrigerator - You can earn easy money from the comfort of your easy chair. Receive a **\$50 rebate** when you recycle your old refrigerator or freezer. To schedule your easy pickup today, call 877.545.4112 or visit AEPOhio.com/WasteLess.

Make this the last bill sent in the mail. Gain more security and trust and Go Paperless to get an email notification when your bill is ready. Today is the Day! AEPPaperless.com.

Pay online for free when you sign up for paperless billing. Go to www.AEPPaperless.com to enroll today!

Bidwell 3361 Attachment 7
AEP OHIO
 A unit of American Electric Power

Account Number
101-614-908-2-5
CY 17
 8132

\$81.32	\$ _____
Total Amount Due	Amount Enclosed
Due Date Aug 12	

Send Inquiries To:
PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

17258-1
 100017258 01 AV 0.388

JANE A BIDWELL
 1051 LAS VEGAS BLVD APT 10515
 COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$ _____

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417

0000081320000081320100000000001016149082527071208017900000

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Rate Tariff: Residential Service-014

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$81.32	Aug 12, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Jul 27, 2015

Previous Charges:

Total Amount Due At Last Billing \$ 82.32
 Payment 07/15/15 - Thank You -82.32
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 014 - Residential Service 07/25/15

Service Delivery Identifier: 00040621055349455

Generation Service \$ 34.31
 Transmission Service 8.52
 Distribution Service 25.69
 Customer Charge 8.40
 Retail Stability Rider 2.99
 Deferred Asset Phase-In Rider 1.41
Current Electric Charges Due \$ 81.32

Total Amount Due

\$81.32

Due Date Aug 12

Price-to-Compare: For tariff 014, in order to save you money a new supplier must offer you a price lower than 6.3 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter Number	Service Period		Meter Reading Detail			
	From	To	Previous	Code	Current	Code
532575548	06/24	07/25	6952	Actual	7514	Actual
Multiplier	1.0000		Metered Usage 562 KWH			
Next scheduled read date should be between Aug 20 and Aug 25						

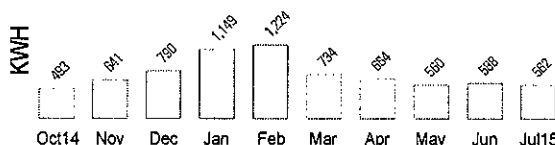
13 Month Usage History

Total KWH for Past 12 Months is

6,843

Visit us at www.AEPOhio.com
 Due date does Not Apply to the previous balance due
 See other side for Important Information

AEP OHIO
 A unit of American Electric Power



PO BOX 24401
 CANTON, OH 44701-4401
 R-10-532575548

17258-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$81.32	Aug 12, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Jul 27, 2015

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	562	31	18	\$2.62	71°F
Previous	588	32	18	\$2.57	72°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 760 KWH					

Additional Messages

Bidwell 3001 8 Attachment 8
AEP OHIO
 A unit of American Electric Power

Account Number
101-614-908-2-5
CY 17
9888

\$98.88	\$ _____
Total Amount Due	Amount Enclosed
Due Date Sep 10	

Send Inquiries To:
PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

11664-1
 100011664 01 AV 0.388

JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$ _____

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417

0000098880000098880100000000001016149082525081009017900006

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Rate Tariff: Residential Service-013

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$98.88	Sep 10, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Aug 25, 2015

Previous Charges:

Total Amount Due At Last Billing \$ 81.32
 Payment 08/13/15 - Thank You -81.32
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 013 - Residential Service 08/25/15

Service Delivery Identifier: 00040621055349455

Generation Service \$ 42.52
 Transmission Service 10.76
 Distribution Service 31.80
 Customer Charge 8.40
 Retail Stability Rider 3.77
 Deferred Asset Phase-In Rider 1.63
Current Electric Charges Due \$ 98.88

Total Amount Due

\$98.88

Due Date Sep 10

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 6.2 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter Number	Service Period		Meter Reading Detail			
	From	To	Previous	Code	Current	Code
532575548	07/25	08/25	7514	Actual	8223	Actual
Multiplier 1.0000			Metered Usage 709 KWH			
Next scheduled read date should be between Sep 21 and Sep 24						

For Billing, Outage or Service Inquiries,
 Call: 1-800-672-2231
 Pay By Phone: 1-800-611-0964

AEP OHIO Messages

Based on its decision in Case No. 13-2385-EL-SSO, the PUCO automatically approved adjustments to Ohio Power Company's Auction Cost Recovery Rider (ACRR) and Alternative Energy Rider (AER) effective with this bill. The ACRR allows AEP Ohio to collect or pass back the difference between auction costs billed to customers versus what was paid to auction winners for the procurement of power and includes the costs associated with the competitive bid process. The AER recovers costs related to renewable energy. A residential customer using 1,000 kWh will see a decrease of \$1.09 per month.

In Case No. 12-1969-EL-ATS, the PUCO approved an adjustment to AEP Ohio's Deferred Asset Phase-In Rider effective with this bill. A residential customer using 1,000 kWh will see an increase of \$0.01 per month.

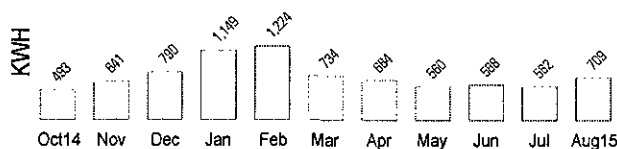
Make your life easier. You can write one check for multiple electric accounts!

13 Month Usage History

Total KWH for Past 12 Months is 7,405

Visit us at www.AEPOhio.com
 Due date does Not Apply to the previous balance due
 See other side for Important Information

AEP OHIO
 A unit of American Electric Power



PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

11664-1

Service Address:

JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$98.88	Sep 10, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Aug 25, 2015

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	709	31	23	\$3.19	73°F
Previous	562	31	18	\$2.62	71°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 741 KWH					

Additional Messages

The Public Utilities Commission of Ohio in case number 14-1578-EL-RDR on June 3, 2015, approved an adjustment to Ohio Power Company's Enhanced Service Reliability Rider rate effective with the previous month's bill. A residential customer using 1,000 kWh of electricity will see an increase of \$0.21 per month.

In Case No. 12-2627-EL-RDR, the PUCO approved an adjustment to increase the Distribution Investment Rider, effective with this bill. This rider, which is adjusted quarterly, recovers capital costs associated with distribution infrastructure. A residential customer using 1,000 kWh per month will see an increase of \$0.34 per month.

Go Paperless to win Buckeye Football Tickets! Enroll in paperless billing by October 26, 2015 for your chance to win football tickets. Visit AEPpaperless.com today!

Register for online services at www.AEPOhio.com. Registration is **free and easy** and gives you the convenience of 24-hour access to your account. You can sign up for paperless billing, view your bill, check your usage, update your contact information, and much more.

FREE pickup of your old refrigerator - You can earn easy money from the comfort of your easy chair. Receive a **\$50 rebate** when you recycle your old refrigerator or freezer. To schedule your easy pickup today, call 877.545.4112 or visit AEPOhio.com/WasteLess.

Make this the last bill sent in the mail. Gain more security and trust and Go Paperless to get an email notification when your bill is ready. Today is the Day! AEPPaperless.com.

Pay online for free when you sign up for paperless billing. Go to www.AEPPaperless.com to enroll today!

Account Number
 101-614-908-2-5
 CY 17
 11466

\$795.39	\$
Total Amount Due	Amount Enclosed
Due Date Apr 9	

Send Inquiries To:
 PO BOX 24401
 CANTON, OH 44701-4401
 R-10-532575548

12732-1
 100012732 01 AV 0.378

JANE A BIDWELL
 1051 LAS VEGAS BLVD STE 10515
 COLUMBUS, OH 43240-1536

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$

Make Check Payable and Send To:
 AMERICAN ELECTRIC POWER
 PO BOX 24417
 CANTON OH 44701-4417

00007953900007953901000000000010161490825240309040179000003

Please tear on dotted line

Return top portion with your payment

Service Address:
 JANE A BIDWELL
 1051 LAS VEGAS BLVD STE 10515
 COLUMBUS, OH 43240-1536

Rate Tariff: Residential Service-013

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$795.39	Apr 9, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 24, 2015

Previous Charges:

Total Amount Due At Last Billing \$ 680.73
 Previous Balance Due \$ 680.73

Current AEP Ohio Charges:

Tariff 013 - Residential Service 03/24/15
 Service Delivery Identifier: 00040621055349455

Generation Service \$ 57.79
 Transmission Service 6.72
 Distribution Service 36.19
 Customer Charge 8.40
 Retail Stability Rider 3.90
 Deferred Asset Phase-In Rider 1.66
Current Electric Charges Due \$ 114.66

Total Amount Due

\$795.39

Due Date Apr 9

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.8 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

For Billing, Outage or Service Inquiries,
 Call: 1-800-672-2231
 Pay By Phone: 1-800-611-0964

AEP OHIO Messages

In Case No. 12-2627-EL-RDR, the PUCO approved an adjustment to increase the Distribution Investment Rider, effective with this bill. This rider, which is adjusted quarterly, recovers capital costs associated with distribution infrastructure. A residential customer using 1,000 kWh per month will see an increase of \$0.27 per month.

Do Not Tamper - Tampering with an energized electric meter can cause serious injury or death. If you suspect a problem with your meter, call the customer service number listed on your electric bill for assistance. In addition, meter tampering is illegal and can result in fines and/or imprisonment.

We now have outage alerts available. Log onto your account and register for alerts and we will notify you when your power goes out, an estimate of when it will be restored, and then when it is restored. Once enrolled looking for our number will be a thing of the past!

Visit us at www.AEPOhio.com
 Due date does Not Apply to the previous balance due
 See other side for Important Information

Meter	Service Period		Meter Reading Detail			
Number	From	To	Previous	Code	Current	Code
532575548	02/23	03/20	4406	Actual	5097	Actual
Multiplier	1.0000	Metered Usage 691 KWH				
532575548	03/20	03/23	5097	Actual	5097	Actual
Multiplier	1.0000	Metered Usage 0 KWH				
532575548	03/23	03/24	5097	Actual	5140	Actual
Multiplier	1.0000	Metered Usage 43 KWH				
Next scheduled read date should be between Apr 22 and Apr 27						

Send Inquiries To:
PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

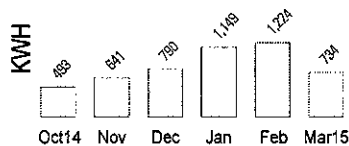
12732-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1536

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$795.39	Apr 9, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 24, 2015

13 Month Usage History

Total KWH for Past 12 Months is **4,297**



Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	734	29	25	\$3.95	33°F
Previous	1,224	30	41	\$5.73	21°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 859 KWH					

Additional Messages

SCAM ALERT: Telephone scammers are calling customers claiming to represent AEP Ohio or AEP. The caller tells customers that power will be shut off unless a money pac green dot or vanilla reload it card is purchased to cover the amount the caller says is due on the account. We will never ask you to buy a money card for payment. We will also never call and ask you to make a payment with your debit or credit card over the phone. If you have any questions about your account, please call us.

To avoid unnecessary delays in crediting your electric payment, please **do not paper clip or staple your check to the bill payment stub.**

*If you pay your electric bill in person, remember to pay only at **AUTHORIZED** pay stations. These locations send notice of your payment immediately to **AEP Ohio** which could prevent service disconnection. Pay stations may charge a fee for this service. Keep your receipt as proof of payment. For a list of authorized pay stations or other payment options, visit our website at www.aepohio.com or call the number above.**

Make this the last bill sent in the mail. Gain more security and trust and Go Paperless to get an email notification when your bill is ready. Today is the Day! AEPPaperless.com.

Pay online for free when you sign up for paperless billing. Go to www.AEPPaperless.com to enroll today!



A unit of American Electric Power

Bidwell's Copy 1 of Attachment 3
AEP OHIO
 A unit of American Electric Power

Account Number
101-614-908-2-5
CY 17
 9264

\$92.64	\$ _____
Total Amount Due	Amount Enclosed
Due Date May 11	

Send Inquiries To:
 PO BOX 24401
 CANTON, OH 44701-4401
 R-10-532575548

11684-1
 100011684 01 AV 0.378

JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

☐ The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$ _____

Make Check Payable and Send To:
AMERICAN ELECTRIC POWER
PO BOX 24417
CANTON OH 44701-4417

0000092640000092640100000000001016149082523041105017900003

Please tear on dotted line

Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Rate Tariff: Residential Service-013

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$92.64	May 11, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Apr 23, 2015

Previous Charges:

Total Amount Due At Last Billing	\$	795.39
Payment 04/10/15 - Thank You		-500.00
Payment 04/10/15 - Thank You		-295.39
Previous Balance Due	\$.00

Current AEP Ohio Charges:

Tariff 013 - Residential Service 04/23/15

Service Delivery Identifier: 00040621055349455

Generation Service	\$	50.48
Transmission Service		6.08
Distribution Service		22.59
Customer Charge		8.40
Retail Stability Rider		3.53
Deferred Asset Phase-In Rider		1.56
Current Electric Charges Due	\$	92.64

Total Amount Due

\$92.64

Due Date May 11

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.5 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter	Service Period		Meter Reading Detail			
Number	From	To	Previous	Code	Current	Code
532575548	03/24	04/23	5140	Actual	5804	Actual
Multiplier	1.0000		Metered Usage 664 KWH			
Next scheduled read date should be between May 21 and May 27						

For Billing, Outage or Service Inquiries,
 Call: 1-800-672-2231
 Pay By Phone: 1-800-611-0964

AEP OHIO Messages

The Public Utilities Commission of Ohio in case number 15-279-EL-RDR on March 18, 2015, approved AEP Ohio's request to adjust its Economic Development Rider (EDR) effective with this bill. The EDR supports industrial customers that retain and increase Ohio jobs. A residential customer using 1,000 kWh of electricity will see a decrease of \$2.51 per month.

In Case Nos. 13-1892-EL-FAC and 14-1544-EL-FAC, the PUCO approved adjustments to Ohio Power Company's Auction Phase-In, Fixed Cost, and Alternative Energy Riders effective with this bill. These riders recover costs related to fuel, energy auctions and renewable energy. A residential customer using 1,000 kWh will see a decrease of \$2.72 per month

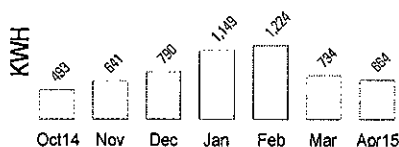
On February 11, 2015 in Case No. 05-376-EL-UNC the PUCO ordered a refund of costs for a study related to the potential construction of an Integrated Gasification Combined Cycle Plant in Ohio. Effective with this bill, residential customers will see a one-time monthly decrease of \$6.40.

13 Month Usage History

Total KWH for Past 12 Months is 5,031

Visit us at www.AEPOhio.com
 Due date does Not Apply to the previous balance due
 See other side for Important Information

AEP OHIO
 A unit of American Electric Power



PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548

11684-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1541

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$92.64	May 11, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Apr 23, 2015

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	664	30	22	\$3.09	51°F
Previous	734	29	25	\$3.95	33°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 839 KWH					

Additional Messages

Stealing copper is illegal and can have deadly consequences. **Reporting copper theft** could save a life, so if you have any information, **please call 1-866-747-5845**.

You can obtain the brochure, **"Answers To Questions About Your Electric Service"** by calling AEP at the number printed on this bill. This brochure includes information about customer rights and responsibilities as required by PUCO.

Fore! Your chance to see the Memorial live is here! Enroll in paperless by May 18, 2015 at aeppaperless.com

FREE pickup of your old refrigerator - You can earn easy money from the comfort of your easy chair. Receive a **\$50 rebate** when you recycle your old refrigerator or freezer. To schedule your easy pickup today, call 877.545.4112 or visit AEPOhio.com/WasteLess.

SCAM ALERT: Telephone scammers are calling customers claiming to represent AEP Ohio or AEP. The caller tells customers that power will be shut off unless a money pac green dot or vanilla reload it card is purchased to cover the amount the caller says is due on the account. We will never ask you to buy a money card for payment. We will also never call and ask you to make a payment with your debit or credit card over the phone. If you have any questions about your account, please call us.

Make this the last bill sent in the mail. Gain more security and trust and Go Paperless to get an email notification when your bill is ready. Today is the Day! AEPPaperless.com.

Pay online for free when you sign up for paperless billing. Go to www.AEPPaperless.com to enroll today!



Edward Rose Millennial Development Company, L.L.C.

11611 N. Meridian St. § Suite 800 § Carmel, IN 46032

APR 04 Ex. 3
Pg. 1

Tenant Lease for Apartment Number 10515

<i>For Official Use Only</i>	
Security Deposit	\$150.00
Pet Deposit	\$0.00
Other Deposit	\$0.00
Total Deposit	\$150.00

Move In Date	10/10/2014
Renewal	10/9/2015

NEW LEASE

Apartment Lease

Agreement Of Lease, made this 24th day of September, 2014, between Edward Rose Millennial Development Company, L.L.C., doing business as THE AVENUE hereinafter referred to as Landlord, and JANE BIDWELL, hereinafter referred to as the Tenant; Witnesseth: that the Landlord hereby leases to the Tenant, and the Tenant hereby hires and takes from the Landlord, the premises known as Apartment No. 10515, 1051 Las Vegas Blvd to use and occupy as a strictly private residence for a term to commence on the 10th day of October, 2014, and to end on the 9th day of October, 2015. The Tenant shall pay during the term of this lease unto the Landlord for rent of said premises for said term the sum of \$14146.00 dollars, payable and agreed to in addendum to this lease in the "Payment Schedule" attached herewith. All payments are due and payable on the first day of each and every month of the term thereof unless sooner terminated as hereinafter provided. The parties hereto agree that no cash rental payments will be accepted. The parties hereto agree that all rental payments will be payable by one check or money order for the full amount due. A \$50.00 discount will be allowed if your rent is paid on or before the fifth of the month then current. In order to qualify for the discount, your rent must be delivered to our representative on or before the fifth day of the month. No exception will be made. The foregoing is in no way intended as a waiver of any of our rights as Landlord or of your obligation to pay your rent on the first day of each month. If the Tenant shall make default in payment of any rent reserved hereunder or any part thereof or any additional rent payable hereunder, the entire rent for the balance of the term shall immediately become due and payable and we may at our option, without demand or notice, bring action for rent and possession. You agree to pay all legal fees, court costs and other expenses including, but not limited to, the fees to hire a private investigator to locate tenant in the event that the same becomes necessary to enforce the provisions of this lease, or to collect any amount owing under this lease.

CHARACTER OF OCCUPANCY

1. It is hereby expressly understood and agreed by the Tenant that the character of the occupancy of the said demised premises and the limitation of the use of the same to the members of the Tenant's family herein said expressly designated, is a special consideration and inducement for the granting of this lease by the Landlord to the Tenant. The Tenant covenants and agrees that he will not without Landlord's previous written consent, use, suffer or permit said premises, or any part thereof, to be used for any purpose other than that of a strictly private dwelling and only by the members of the Tenant's family. The Tenant agrees that the limitation of occupancy to the Tenant and the restriction of use of the premises are express limitations upon the Tenant's leasehold interest herein demised, that in the event of violation by the said Tenant, this lease and the occupancy by the Tenant may at the option of the Landlord, its agents or assigns, be terminated in the manner hereinafter set forth. Tenant agrees to pay a return check charge of \$30.00 for each check returned to lessor or its agent, for any reason for non-payment. The Landlord reserves the right to refuse to accept rent payment by personal check. This Lease shall include the terms and provisions set forth on the following 3 pages, together with any and all instruments or documents attached hereto, including, without limitation, any schedules, addendums, disclosures, rules, acknowledgments, policies, procedures, or other documents all of which are deemed to be a part of this Lease and incorporated herein. The application for this Lease shall be considered a part of the Lease and any false or misleading statements will be grounds, at the option of the Landlord, for termination of the Lease.

DO NOT SIGN UNTIL YOU HAVE READ THIS LEASE.

(I, WE) HEREBY ACCEPT THIS LEASE AND ACKNOWLEDGE THAT WE HAVE READ THIS LEASE AND UNDERSTAND ITS TERMS AND CONDITIONS.

In Witness Whereof, the parties hereto have set their hands and seals on the day, month and year first above written.

WITNESS FOR LANDLORD:

LANDLORD:

BY:
Authorized Manager's Signature

WITNESS FOR TENANT:

(1)
Tenant's Signature

(2) _____
Tenant's Signature

(3) _____
Tenant's Signature



REV. 0204

3. COVENANTS & CONDITIONS

The Tenant promises and agrees for himself, the members of his household, and his visitors and guests, to comply and conform to the Rules and Regulations governing the premises and to any reasonable changes or new regulations that the Landlord may deem necessary for the protection of the building and the general comfort and welfare of the occupants of same. Landlord agrees that at such time as certain "common areas" are being completely renovated, Tenant may use said common areas pursuant to Rules and Regulations now or hereafter at any time permitted by Landlord, in connection with other tenants of Landlord, provided nothing herein shall be deemed to impose upon Landlord any obligation with respect to the construction or completion of such common areas, or any limitation of time within which such common areas or any of them shall be completed. "Common areas" as used in this paragraph, means Swimming Pool, Deck, and Terrace Areas, and Recreation Areas.

Tenant shall abide by all Rules and Regulations of Landlord relating to common areas and Tenant shall be responsible for compliance therewith by members of his household and Tenant's visitors and guests. Any breach of any such rules or regulations shall permit Landlord to terminate this tenancy on five (5) days' written notice to Tenant.

4. ASSIGNMENT

The Tenant's household interest may not be assigned or sublet in whole or in part.

5. RIGHT TO MORTGAGE

The Landlord reserves the right to subject and subordinate this Lease at all times to the lien of any mortgage or mortgages now or hereafter placed upon the Landlord's interest in the said premises and on the land and buildings of which the said premises are a part upon any building heretofore placed upon the land of which the said premises are a part. And the Tenant covenants and agrees to execute and deliver upon demand of such further instrument or instruments subordinating this lease to the lien of any such mortgage or mortgages as shall be desired by the Landlord and any mortgagee as provided herein and hereby appoints the Landlord the attorney in fact of the Tenant irrevocably to execute and deliver any such instrument or instruments for and in the name of the Tenant.

6. ACCESS TO PREMISES

The Landlord or its agent shall have free access at all reasonable hours to the premises hereby leased for the purpose of examining the same or exhibiting same to prospective buyers or tenants, or for making alterations or repairs or improvements which the Landlord may desire to make. The Landlord reserves the right to modify said demised premises pursuant to the power conferred in Item 22-73514 (B.D. Nick) in order to enhance livability.

7. ALTERATIONS

Tenant shall make no alterations, decorations, additions or improvements in or to demised premises without Landlord's prior written consent, and then only by contractors or craftsmen approved by Landlord. All such work shall be done at such times and in such manner as Landlord may from time to time designate. All alterations, additions or improvements upon demised premises, made by either party shall become the property of Landlord, and shall remain upon, and be surrendered with said premises, as a part thereof, at the end of the term hereof. Any mechanic in lien filed against the demised premises, or the building, of which the same form a part, for work done or to be done on or for materials furnished to have been furnished to Tenant, shall be discharged by Tenant within ten (10) days hereafter at Tenant's expense, by filing of the bond required by law.

8. CONDITION OF PREMISES

The Tenant acknowledges that he has examined a model apartment and agrees to rent the demised premises upon its completion, provided said premises conform to said model. Landlord agrees to complete the model, provided Landlord shall in no event have any liability to Tenant for its failure to complete the demised premises prior to the date of commencement of this lease. The foregoing provisions of this agreement have no application in the event the demised premises are completed and ready for occupancy prior to the making of this lease, in which event Tenant hereby acknowledges that he has examined the said demised premises prior to the making of this lease, and has known the condition hereof, and that no representation as to the condition or state of repair thereof has been made by the Landlord, or its agents, which are not hereby accepted, and the Tenant hereby accepts the demised premises in their present condition at the date of the execution of this lease. And the Tenant hereby covenants and agrees that Tenant will cause, allow or permit any water, sewage, or moisture of the premises or of any furnishings herein provided by the Landlord, and warrants against same, and the Tenant further agrees that he will not permit any members of his household, visitors or guests to commit such waste or damage, and in the event that any such person shall cause waste, misuse, or through their neglect shall cause damage, then the Tenant expressly covenants and agrees to pay for all damages so caused. And the Tenant further covenants and agrees during the continuance of his occupancy of the herein demised premises to keep same in as good repair and as the expiration of the term, yield and deliver up the same in the condition as when taken, reasonable use and wear thereof being excepted.

In the event the Tenant shall neglect or refuse to pay for damages caused by waste, misuse, or neglect as aforesaid, then the amount thereof shall be deemed to be additional rent hereunder and shall be immediately due and payable from the Tenant to the Landlord and in the event that Tenant shall fail to make all necessary repairs, then the Landlord at its option may cause such repairs and make such repairs and the expense of same shall be deemed to be additional rent hereunder and shall be immediately due and payable from the Tenant to the Landlord.

9. AGENTS OR OMISSIONS OF OTHERS

The Landlord and its employees or agents or any of them shall not be responsible or liable to the Tenant for any loss or damage that may be occasioned by or through the acts or omissions of other tenants, their guests or visitors, occupying any other part of the building of which the said demised premises are a part, or of persons who are trespassers, or any other persons in said building, or for any loss or damage resulting to the Tenant or his property from burning, explosion, leaking up or building of water, gas, electricity or sewage or faulty appliances or causes in any other manner whatsoever. Landlord shall not be liable to Tenant or his visitors for any loss or damage which Tenant, members of his household, or his visitors may sustain in his person or property by way of damage resulting out of any cause or causes whatsoever, including by way of example, without limiting the generality of the foregoing, loss suffered by fire, regardless of origin, loss from theft or burglary or other criminal acts, loss from vandalism or acts of every kind and description and loss from wind, rain or other causes.

10. ADDITIONAL AREA

If the Landlord shall furnish any automobile parking space, laundry drying area, storage locker space, "common areas" as defined in paragraph 3 or any other facilities, outside of the premises herein expressly demised to the Tenant, same shall be deemed gratuitously furnished by the Landlord and that if any person shall use the same, such person shall not be liable for any loss of property through theft, vandalism, or otherwise, or for any damage or injury to his person or property.

11. NOTICE OF INJURIES

In the event of any injuries to the Tenant, members of his household or to any property of the Tenant or members of his household through the negligence of Landlord, its agent, and/or employee, the Tenant agrees to give the Landlord a written notice of the occurrence of said injury within five (5) days of the happening thereof. And notice must be in writing and delivered to the Landlord as aforesaid.

12. UTILITIES AND ELECTRIC AND GAS SERVICE

(a) All Utilities shall be furnished by the Tenant and all bills therefor, shall be paid by the Tenant. Landlord shall not be liable for any injury or damage which may arise from the failure to furnish water. (b) Landlord reserves the right to borrow its electric or gas service provider which shall provide electric or gas service to Landlord's proposition, buildings and common areas. Landlord reserves the right at any time and from time to time during the lease term, to either contract for electric or gas service from a different electric or gas service provider or continue to contract for electric or gas service from the provider that was providing electric or gas service at the time this lease became effective. (c) Tenant agrees to fully cooperate with the Landlord and the electric or gas service provider and allow reasonable access to the premises leased by Tenant

whenever access is needed by Landlord or the electric or gas service provider in order to secure electric, water, gas, sewage, telephone, or any other equipment or related communication which is only used access to in order to install, repair or switch electric or gas service. (d) Landlord shall in no way be liable or responsible for any loss, damage or expense that Tenant may sustain by reason of any change, failure, interference or disruption in the supply of electric or gas service to the premises and no such change, failure, interference or disruption shall establish an actual or constructive eviction in whole or in part or release Tenant from any of its obligations under the lease. In the event Landlord becomes obligated to pay any utility bill because of Tenant's failure to do so, Tenant will be liable to Landlord for the full amount of the bill plus a 25.0% administrative fee. This fee will apply to each bill and to every occurrence where Landlord becomes obligated to pay.

13. USE OF PREMISES

The Tenant shall not use or suffer or permit any person to use any premises whatsoever for any and all purposes for any purpose in violation of the laws of the United States or of the State of Indiana or of the regulations or other regulations of the local governmental unit or of any other lawful authority, and shall not permit or allow any games of chance to be carried on, in or about and premises, and that during said term said demised premises and every part thereof shall be kept by the Tenant in a clean and wholesome condition, and that all health and police regulations shall in all respects and at all times be fully complied with by said Tenant, and that he will at no time employ any person or persons in or about the premises whose employment may by law constitute or result in a liability on the part of the Landlord.

14. FIRE EXTINGUISHER, SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR

The fire extinguisher, smoke detector and carbon monoxide detector (applicable only in apartments with gas heat) detector are a part of the safety system of the apartment building and as such must be kept in good working order for the protection of all occupants of the building. The Tenant acknowledges that the operation of the fire extinguisher, smoke detector and carbon monoxide detector have been demonstrated at the time of the signing of the lease and further acknowledges that before he occupies and understands the proper use and maintenance of said equipment.

Tenant will be responsible for checking the status of the fire extinguisher and the operation of the smoke detector and carbon monoxide detector. If the fire extinguisher expires or is below the normal operating pressure or the Tenant has occasion to use this fire extinguisher, he/she will immediately bring same to the apartment community business office where the extinguisher will be replaced free of charge. For a properly charged extinguisher in the event Tenant is unable to obtain a replacement as set forth herein, Tenant agrees to call the emergency answering service in any event for a replacement.

If the smoke detector or carbon monoxide detector ceases to work or fails, then the Tenant agrees to immediately replace the same with a new one of the same type and brand as the community business office during regular working hours. If the smoke detector or carbon monoxide detector has failed for reasons other than a weak or dead battery, then a written notice of such failure will be immediately given to the apartment community business office as that office has the responsibility to replace the same with a new one of the same type and brand.

Tenant will not tamper with the carbon monoxide detector. If the Tenant notices a problem with the detector, the apartment business office is to be notified in writing immediately so that necessary repairs can be made. In the event of tampering or for any other reason whatsoever, Tenant is unable to exchange the extinguisher or replace the battery in the smoke detector or carbon monoxide detector, or set forth herein, then a written notice, in duplicate, of such tampering or failure will be immediately given to the apartment community business office.

Tenant further agrees that he/she will not remove the fire extinguisher, smoke detector or carbon monoxide detector from the premises for any reason.

15. FIRE DAMAGE

In case the premises hereby leased shall be partially damaged by fire of other cause of any kind during the term hereof, the Tenant shall be liable to the Landlord or any insurance company on his behalf with all reasonable dispatch, and a proportionate reduction of rent shall be allowed the Tenant for the time occupied in such repairs, excepting (a) if the Tenant can use and occupy the demised premises without substantial inconvenience there shall be no reduction of rent and (b) if and repairs are delayed because of failure of said Tenant to obtain his own insurance (if any) no reduction shall be made beyond a reasonable time allowed for such adjustment. In case the damage by fire or other causes shall amount substantially to the destruction of the premises hereby leased, then and in that event, this lease shall become null and void and the responsibilities of the Landlord and Tenant, each to the other, with reference to the unexpired term, shall cease. If Landlord's repairs are not completed with all reasonable dispatch, Landlord shall nevertheless have no liability to Tenant for any resulting delay in effecting such completion.

16. GAS OR CHARCOAL GRILLS

Residents shall not use any gas or charcoal grill, nor any other open flame cooking or heating device, on any balcony or patio on Landlord's property. Residents shall defend, indemnify and save harmless Landlord from and against any claim, liability or judgment, including attorney's fees and defense costs, for any loss arising out of the storage or use of any such device on any balcony or patio on Landlord's property, and from any fine or penalty imposed by any civil agency or court because of the storage or use of such a device on any balcony or patio on Landlord's property.

17. EMINENT DOMAIN

If the whole or any part of the premises hereby leased shall be condemned or taken by any County, District, State or other authority for any purpose, then the term of this lease shall cease on the date when the condemnation or taking of the premises shall be required for any purpose and the rent shall be paid up to that day, and from that day the Tenant or Landlord shall have the right either to accept the Lease and receive the same rent and use, or to terminate the possession of the remainder of the term under the terms herein provided, except that the rent shall be reduced to proportion to the amount of the demised premises taken for such public purpose. All damage awarded for such taking for any public purpose shall belong to and be the property of the Landlord, whether such damage shall be awarded as compensation for diminution in value to the Landlord or to the fee of the premises hereby leased. Any clause or clause of either the "business lease" defined in paragraph 5 or parking area shall not affect any condemnation of, or right to cancel this lease, and any such condemnation shall result in an termination of Tenant's lease.

18. DELAY IN REPAIRS

Whenever repairs to be made by the Landlord shall be delayed because of factors beyond its control, the obligation of the Tenant hereunder shall not be affected whatsoever thereby, nor shall any claim accrue to the Tenant against the Landlord, or its agent, by reason thereof.

19. RENT PAYMENTS

Rent checks and/or money orders shall be written to: Edward Rees Development Company, L.L.C. and payable to the community business office.

20. DEFAULT IN RENT

If the Tenant shall make default in the payment of rent hereunder or any part thereof, or if any additional rent payable hereunder if the demised premises shall become vacant or destroyed, the Landlord or its agent or the Landlord may immediately or any time thereafter re-enter the demised premises and remove all persons and property therefrom, either by summary disposition (repossession), or by any suitable action, or proceeding in law, or in equity, or by force or otherwise. If Landlord in practice possession of Tenant's apartment by virtue of law, and Tenant's possessions are removed and placed in storage, the Tenant agrees to pay for all moving and storage costs. Tenant further agrees that any third party who moves and/or stores Tenant's possessions shall acquire a warehouseman's lien on those stored possessions, and if they are not timely reclaimed, the warehouseman may sell the subject goods in payment of the storage costs, transfer costs, and all other related fees and costs. Tenant further agrees that if Tenant should personal property in the premises, the Landlord shall acquire the Landlord lien supported by current Indiana statute upon service of notice of Landlord's intention to re-enter and from by making a notice of its intention, including the place of storage and from the Tenant who reclaims the property, to the Tenant's last known address, which may be the demised premises. Tenant specifically waives the right to receive statutory personal service of Landlord's intention to re-enter said lien.

26. DEFAULT OTHER THAN RENT

If the Tenant shall fail to fulfill any of the covenants or conditions of this Lease, other than the covenants for the payment of rent, or if the Tenant shall fail to comply with any of the Rules and Regulations herein referred to or heretofore established, or if the Landlord, or the agent for the care of the building or the building, shall deem objectionable or improper any conduct on the part of the Tenant or any of those dwelling in or visiting the premises, the Landlord or the said agent of the Landlord may give the Tenant five (5) days' notice in writing to redress the term of this Lease and thereupon, at the expiration of said five (5) days, the term under this Lease shall expire as fully and completely as if that day were the date herein fixed for the expiration of the term, and the Tenant will then quit and surrender the demised premises to the Landlord.

27. EXPENSE OF PROCEEDING

If the Tenant shall at any time be in default hereunder, and if the Landlord shall forward the account to any attorney for the purpose of instituting action or summary proceedings against the Tenant based upon such default, the Tenant agrees to pay for any such legal fees, court costs or other expenses incurred by the Landlord so long as the action is reasonable in amount.

28. JOINT LIABILITY

In the event that this instrument shall be executed on behalf of the Tenant by more than one person, then the liability of the persons signing shall be joint, and several, and a judgment rendered against one shall be no bar to an action against the others.

29. DAMAGES AND REPAIRING FEES

In the event the Tenant vacates the premises either voluntarily or by Court Order prior to the expiration of the term of this Lease, Tenant agrees that his liability to pay the recommended herein continues for the term of this Lease. Wherein Landlord incurs considerable expense in refurbishing and repairs such apartment unit prior to every new Tenant's occupancy, the vacating Tenant agrees to reimburse Landlord for such refurbishing fees including but not limited to the costs of repainting, carpet cleaning and painted labor thereon at a rate not to exceed the cost of such time and materials as the Landlord may determine.

30. ABANDONED PROPERTY

If the Tenant shall leave, abandon or be evicted from the demised premises and leave any personal property either in the demised premises or anywhere about the building, or its entrance, area, then such property shall be deemed abandoned by the Tenant. Tenant waives any right to or personally attend with notice pursuant to Indiana statute in the event that Landlord seeks to remove the abandoned property. Tenant agrees that notice as defined in Paragraph 19 above shall be sufficient to allow the attachment of the statutory lien.

31. POSSESSIONS

The Tenant shall not be entitled to possession of the dwelling demised herein or any part thereof, until the full payment of the security deposit and first month's rent as hereinafter provided, and until receipt of the premises by the Tenant.

32. FLOOR COVERING - CONDITION OF OCCUPANCY

Any carpeting installed in or on the demised premises, whether installed by or at the request of either Landlord or Tenant shall become the property of Landlord upon its installation and shall not be removed by Tenant at any time thereafter.

33. DELAY OF POSSESSION

It is understood that if the Tenant shall be unable to enter this and occupy the premises hereby leased at the time above provided, by reason of the said premises not being ready for occupancy, or by reason of the holding over of any previous occupancy of said premises, or as a result of any cause or causes whatsoever, the Landlord shall not be liable in damages to the Tenant therefor, but during the period the Tenant shall be unable to occupy and occupies as hereinafter provided, the rental therefor shall be abated. The Landlord shall be the sole judge when premises are ready for occupancy.

34. HOLDING OVER/TENANCY CREATED

It is hereby agreed that in the event of the Tenant herein holding over after the term of this Lease has expired, a sixty-day tenancy will be created. If a sixty-day tenancy is created, it will be at an adjusted monthly rental payment amount not to exceed by more than 175% the then current monthly rental rate at which the unit is being rented and governed in all other respects, except as to the duration of the term, by the provisions of this Lease. Subject to other provisions contained herein concerning the termination of this Lease, this Lease may be terminated by either the Landlord or Tenant effective the first day of the original rental period or the last day of any subsequent monthly rental period by giving written termination notice to the other at least sixty (60) days prior to the last day of the original rental period or at least sixty (60) days prior to the last day of any subsequent monthly rental period.

35. SECURITY DEPOSIT

The Tenant has deposited, and the Landlord hereby acknowledges the receipt of the security deposit which is to be retained as security for the faithful performance of all the covenants, conditions and agreements of this Lease, but in no event shall the Landlord be obliged to apply the same upon rent or other charges in advance or upon damages for Tenant's failure to perform the said covenants, conditions or agreements, but the Landlord may so apply the security as to open credit the balance of the rent owing or other charges in advance or upon damages caused by Tenant's failure to perform the said covenants, conditions or agreements of this Lease. The Landlord's right to the possession of the premises for nonpayment of rent or for any other reason shall not in any event be affected by reason of the fact that the Landlord holds this security. The said sum if not applied toward the payment of rent in advance or toward the payment of damages suffered by the Landlord shall be returned to the Tenant when the lease is terminated according to these terms, and in no event is the security to be returned until the Tenant has vacated the premises and delivered possession to the Landlord. Said security is to be returned within thirty (30) days of the date of the Tenant's default or failure to carry out the covenants, conditions, or agreements of this Lease, the Landlord may apply the said security toward the damages caused by the Tenant's default or failure to carry out the covenants, conditions, or agreements of this Lease, and may retain the security to apply toward damages as may be suffered or shall accrue thereafter by reason of the Tenant's default or breach. The Landlord shall not be obliged to keep the security as a separate fund, but may mix the security with its own funds.

36. TRANSFER OF SECURITY DEPOSIT

In the event of a sale of the building of which the demised premises are a part, the Landlord, or its assigns, shall have the right to transfer the security deposited by the Tenant in the purchase for the benefit of the Tenant and the Landlord, or its assigns, in that event shall be considered released by the Tenant from all liability for the return of such security.

37. APPLICATION FOR TENANCY

This Lease is given in pursuance of the Application for Tenancy and that the representations, conditions and provisions of said Application are as much a part of this Lease as though incorporated herein.

38. WAIVER OF JURY TRIAL

The Tenant hereby agrees to waive and will never at any time in any action for rent or damages or in any summary disposition proceeding brought or brought by the Landlord against the Tenant in respect to the demised premises.

39. VISITORS OR GUESTS

No person or persons other than the individuals entitled to occupy the premises as set forth in the Lease agreement or the Applicant may occupy the demised premises for more than one night in any one calendar month without the written permission of the Landlord.

40. MODIFICATIONS

Any modifications of this agreement, or any collateral agreement with respect to the relationship between the Landlord and Tenant shall not be binding upon the Landlord unless the same be made in writing and signed by an authorized representative of the Landlord, and in the event that the

Lease herein or any of its provisions or covenants shall be modified or amended in whole or in part, the same shall constitute a termination of this instrument, but the same shall continue in full force and effect as amended.

41. NOTICE

Whenever under this Lease provision is made for notice of any kind, it shall be deemed a sufficient notice and service thereof if the said notice is in writing addressed to the last known Post Office address of the Tenant, or addressed to the last known address and deposited in the mail and notice to the Landlord shall be deemed sufficient notice and service thereof if the notice is in writing addressed to Landlord's last known Post Office address and deposited in the mail. Notice need be sent to only one Tenant or Landlord whose the Tenant or Landlord consists of more than one person.

42. REMEDIES NOT EXCLUSIVE

Each and all of the rights, remedies and benefits provided by this Lease shall be cumulative, and shall not be exclusive of any other of said rights, remedies and benefits, or of any other rights, remedies and benefits allowed by law.

43. SEVERABILITY

Invalidity of any of the provisions herein contained by judgment of court order shall in no way affect any of the other provisions which shall remain in full force and effect.

44. WAIVER

One or more waivers of any covenant, condition, rule or regulation by the Landlord shall not be construed as a waiver of a further breach of the same.

45. CAPTIONS

The Captions are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope of this Lease nor the intent of any provision thereof.

46. LEASE DURING

The covenants, conditions and agreements contained in this Lease shall bind and inure to the benefit of Landlord and Tenant and their respective heirs, distributees, successors, administrators, executors, and assigns so long as the same shall remain in full force and effect.

47. NOTICE OF INTENTION TO SURRENDER

Any other provision of this Lease to the contrary notwithstanding, before the expiration of this Lease the Tenant shall give the Landlord at least sixty (60) days' written notice of his intention to surrender said premises at end of Lease term. If such notice be not given, the Tenant shall be liable for an additional two (2) months' installment of rent, in an amount not to exceed by more than 175% the then current monthly rental rate at which the unit is being rented, which additional installment of rent or any part thereof shall be considered as rent in arrears under the terms of this Lease. The final month's rent shall be paid in full.

48. TENANT SECURITY NOTICE AND ACKNOWLEDGEMENT

The Landlord of this apartment community (including the Landlord's employees) do not promise, warrant, or guarantee the safety or security of the Tenant or Tenant's personal property against the criminal actions of other Tenants or third party. Each Tenant has the responsibility to protect himself or herself and to maintain appropriate insurance to protect his or her belongings. Tenant should contact an insurance agent to arrange appropriate fire and theft insurance on their property. It is a fact that no security system, security patrol or electronic security device can guarantee protection against crime. Even electronic security systems are subject to mechanical malfunction, tampering, human error or personnel indiscretion, and can be defeated or avoided by clever criminals. Therefore, Tenant should always proceed on the assumption that no security systems exist. The best safety measures are those precautions that can be performed as a matter of common sense and habit. If security systems, security devices, or walk-through-through devices are employed at this community, no representation is being made that they will be effective to prevent injury, theft or vandalism. Such measures, if provided, cannot physically be every place at every moment. Usually, such personnel are unarmed independent contractors and have no greater authority under the law to restrain or arrest criminals than the military police. Therefore, the Landlord does not warrant that any security systems, security devices, or personnel employed at this community will discourage or prevent breaches of security, intrusions, thefts or incidents of violent crime. Further, the Landlord reserves the right to refuse, modify or eliminate any security system, security devices or services (other than those already installed) at any time; and Tenant agrees that such action shall not be a breach of any obligation or warranty on the part of the Landlord.

If controlled access gates or intrusion alarms are provided, Tenant will be furnished written operating instructions, and it is Tenant's responsibility to read them and to bring any questions to the attention of the Landlord. Further, Tenant agrees to promptly notify the Landlord in writing of any problem, defect, malfunction or failure of door locks, window latches, controlled access gates, home alarm system, and any other security-related device. If Tenant's apartment is equipped with a home alarm system, Tenant agrees to be responsible for all fines, penalties and other charges resulting from or attributable to the alarm, including false alarm charges.

Inasmuch as the Landlord in operating a multiple-residence complex and the parties recognize that such complex must be operated in such a manner as to make a pleasant residence for the benefit of all of the Tenants thereof, if the Tenant shall make default in fulfilling any of the covenants or conditions of this Lease, or if the Tenant shall fail to comply with any of the Rules and Regulations herein referred to or heretofore established, or if the Landlord or the agent of the Landlord shall deem objectionable or improper any conduct on the part of any Tenant or any of those dwelling in or visiting the premises, or if the Tenant shall approach other Tenants for the purpose of obtaining a group or other concerted action relative to the operation of the complex, or if the Tenant shall be chronically late in the payment of rent, the Landlord or the said agent of the Landlord may give Tenant five (5) days' notice of intention to end the term of this Lease, and thereupon at the expiration of said five (5) days the term under this Lease shall expire as fully and completely as if that day were the date herein fixed for the expiration of the term and the Tenant will then quit and surrender the demised premises to the Landlord. The Tenant shall be deemed chronically late in the payment of rent if rent is not paid on date due more than two times during the term thereof.

SEP 04 EX 4

within five (5) days of the happening thereof. Said notice must be in writing and delivered to the Landlord at its office.

11. UTILITIES AND ELECTRIC AND GAS SERVICE

(a) All Utilities shall be furnished by the Tenant and all bills, therefore, shall be paid by the Tenant. Landlord shall not be liable for any injury or damage which may arise from the failure to furnish water. (b) Landlord reserves the right to change an electric or gas service provider which shall provide electric or gas service to Landlord's properties, buildings and apartments unless Landlord further reserves the right at any time and from time to time during the lease term, to either contract for electric or gas service from a different electric or gas service provider or continue to contract for electric or gas service from the provider that was providing electric or gas service at the time this lease became effective. (c) Tenant agrees to fully cooperate with the Landlord and the electric or gas service provider and allow reasonable access to the premises owned by Tenant.

* AVNU-GT2-1 *

ACP CH Ex. 5

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Class	Start	End	Room	Current	CI	CI	CI
3/19/2015	7:00 PM	8:00 PM	Room 437	1	Jeff Keplar		
3/19/2015	8:00 PM	12:00 AM	Room 406	7	Chris Hess		
3/20/2015	6:00 AM	11:30 AM	Room 406	11	Lynette Walbel		
3/20/2015	6:00 AM	10:00 AM	Room 440	5	Robin Broekens		
3/20/2015	6:00 PM	10:00 PM	Room 406	6	Jane Bidwell		
3/20/2015	8:00 AM	12:00 PM	Dublin	15	Nancy McIndoo		
3/20/2015	6:00 AM	10:00 AM	Room 409	2	Julia Gonnell		
3/20/2015	10:30 AM	3:00 PM	Room 409	1	Chris Hess		
3/21/2015	6:00 AM	12:00 PM	Room 406	3	Chris Hess		
3/21/2015	1:00 PM	5:00 PM	Room 406	6	Beth Gordy		
3/21/2015	6:00 PM	11:30 PM	Room 406	2	Yvonne Rogers		
3/22/2015	6:00 AM	12:00 PM	Room 406	1	Julia Gonnell		
3/22/2015	1:00 PM	7:00 PM	Room 406	4	Jessica Smith		
3/22/2015	1:00 PM	6:30 PM	Room 406	13	Lynette Walbel		
3/22/2015	11:00 AM	1:30 PM	Room 440	8	Jessica Smith		
3/22/2015	7:00 AM	11:00 AM	Room 406	11	Jane Bidwell		
3/22/2015	7:00 AM	2:30 PM	Room 438	4	Robin Broekens		
3/22/2015	2:00 AM	8:30 PM	Room 438	9	Robin Broekens		
3/22/2015	12:00 PM	6:00 PM	Room 406	19	Yvonne Rogers		
3/22/2015	8:00 AM	12:00 PM	Room 441	15	Lynette Walbel		
3/22/2015	6:00 AM	11:30 AM	Room 441	18	Anthony Spears		
3/22/2015	6:00 PM	11:30 PM	Room 406	12	Julia Gonnell		

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of the	:	
Complaint of:	:	
	:	
Jane Ann Bidwell,	:	
	:	
Complainant,	:	
	:	
vs.	:	Case No. 15-1020-EL-CSS
	:	
American Electric Power,	:	
	:	
Respondent.	:	

- - -

TELEPHONE CONVERSATION

between Christina, AEP Customer Service
Representative, and Tory Murphy, Property Manager of
The Avenue at Polaris Apartments.

- - -

ARMSTRONG & OKEY, INC.
222 East Town Street, Second Floor
Columbus, Ohio 43215-5201
(614) 224-9481 - (800) 223-9481
FAX - (614) 224-5724

- - -

1 CHRISTINA: Hello. My name is Christina.
2 May I have your name, please?

3 TORI: Hi. My name is Tori Murphy.

4 CHRISTINA: Hi, Tori. How can I help you
5 today?

6 TORI: I'm good. How are you?

7 CHRISTINA: I'm doing very well.

8 TORI: I have a little situation. I am
9 the property manager at The Avenue at Polaris
10 Apartments in Columbus.

11 CHRISTINA: Uh-huh.

12 TORI: And I have a resident who just
13 called. She -- her power has been turned off, and
14 she's been told that I -- the property manager is to
15 fill out some kind of form that I've never had to do
16 for any other resident here, so I'm trying to kind of
17 be the mediator.

18 CHRISTINA: Gotcha. What -- did she give
19 you her account number?

20 TORI: No. I have her address and her
21 name and her phone number.

22 CHRISTINA: Okay. Let me have the
23 address and I'm going to be able to look at some
24 particularities but I won't be able to give you any

1 money information or anything.

2 TORI: Understood.

3 CHRISTINA: Okay.

4 TORI: No problem.

5 CHRISTINA: Okay. What is that address?

6 TORI: It's 1051 Las Vegas Boulevard and
7 she is apartment -- I don't know if you guys go by
8 No. 105 or 10515.

9 CHRISTINA: Let's try 105 and see what it
10 does and then if not --

11 TORI: Okay.

12 CHRISTINA: -- then we'll do the 15 on
13 top of it.

14 TORI: Her name is Jane Bidwell.

15 CHRISTINA: Okay. And that's in
16 Columbus, correct?

17 TORI: Yes, ma'am.

18 CHRISTINA: Okay. I'm getting kind of a
19 vibe what's going on here.

20 TORI: Okay.

21 CHRISTINA: Yep, yep, yep. There --
22 yeah. Wow. Really? (Whistle.)

23 TORI: Are you glad I'm calling instead?

24 CHRISTINA: Wow. Okay. At least an

1 idea. Da, da, da. (Inaudible.) Da, da. Okay.

2 Wow.

3 TORI: Yeah.

4 CHRISTINA: What name did you give me?

5 TORI: Her name is Jane Bidwell.

6 CHRISTINA: Okay. I thought you said --

7 I don't know why I heard Goodwell. And I was like,

8 no, that's not it. But, yeah, okay. Good. Yeah,

9 okay. That's good, good, good. Okay. Now, order.

10 Coo, coo, coo, coo. Has she been in here for quite a

11 few months?

12 TORI: Yes. She moved in October 10 of

13 2014.

14 CHRISTINA: Okay.

15 TORI: She said she's never received a

16 bill.

17 CHRISTINA: Well, yeah, because her

18 account was never set up.

19 TORI: Yeah, and then she paid a deposit.

20 CHRISTINA: Okay.

21 TORI: Don't kill the messenger.

22 CHRISTINA: No, no, no. That's -- that's

23 not the problem. The problem is the verification

24 here. Come on. Give me some --

1 TORI: (Inaudible.)

2 CHRISTINA: Okay. What the problem is on
3 this account as of right now is that it still is not
4 active --

5 TORI: Okay.

6 CHRISTINA: -- I guess is the best way to
7 put it. About her paying has nothing to do with
8 monetary.

9 TORI: Okay.

10 CHRISTINA: Okay? This is actually to do
11 with the lease and verification process of the
12 account.

13 TORI: Uh-huh.

14 CHRISTINA: Now -- okay. There's another
15 note I need to read. I'm sorry.

16 TORI: No, you're fine. I've just never
17 had to verify somebody's lease for power, so it's
18 weird to me but.

19 CHRISTINA: Well, usually that occurs
20 when we've had a very high bill --

21 TORI: Oh, okay.

22 CHRISTINA: -- on the previous account.

23 TORI: Okay.

24 CHRISTINA: Okay? And so that is why

1 nine -- and I'm just telling you this because you're
2 a manager and you need to know that --

3 TORI: Sure.

4 CHRISTINA: -- you know? Open. Wow.
5 Huh-uh. Okay. Let's see, when she did this, she
6 actually gave your number to contact you because this
7 won't happen until Monday. We have a special section
8 here --

9 TORI: Okay.

10 CHRISTINA: -- that takes care of lease
11 and verification.

12 TORI: Okay.

13 CHRISTINA: And so that is as of right
14 now what is the necessity to have her service on.

15 TORI: Okay.

16 CHRISTINA: It didn't have anything to do
17 with a monetary thing, okay? So what I can do is,
18 Tori, I can put you -- are you the assistant manager?
19 Manager?

20 TORI: I'm the property -- the manager.

21 CHRISTINA: Manager, okay. Per -- what
22 is the best contact phone number for you?

23 TORI: (614) 987-1000.

24 CHRISTINA: Okay. Now, what's going to

1 have to happen is that on Monday when -- see, they
2 don't work over the weekend.

3 TORI: Okay.

4 CHRISTINA: And it's -- the lease and
5 verification process, what this consists of there's
6 different verifications that our department goes
7 through and they will investigate -- and it might be
8 a necessity for them to contact you or it might not.

9 TORI: Okay.

10 CHRISTINA: Okay? So as of right now, it
11 has nothing to do with monetary. It has to do with
12 having the service put into her name. And I do show
13 that they had backdated this to the 10th of
14 October --

15 TORI: Okay.

16 CHRISTINA: -- when she -- so I guess she
17 is the one who told us she had entered into the
18 property at that time, okay?

19 TORI: Okay.

20 CHRISTINA: I am going to be leaving a
21 note for my lease and verification department to --
22 to the effect of your phone number and everything
23 just to make sure -- double make sure so when they
24 look and they assign it to the person who is going to

1 be taking and doing the lease and certification, they
2 will be able to get ahold of you.

3 TORI: Okay. And I'm not going to be
4 here Monday. Let me ask you this --

5 CHRISTINA: Uh-huh.

6 TORI: -- can we turn her electric back
7 into the property's name? Here's my concern, she has
8 \$4,000 worth of insulin in her refrigerator, and I --
9 I just don't want it to be a situation where her
10 health is involved.

11 CHRISTINA: I understand that part of it.
12 Unfortunately I don't have a way of doing that.

13 TORI: Okay.

14 CHRISTINA: I don't. Even if -- I mean,
15 I can cancel her request and -- but still to have it
16 put back into your name, that wouldn't occur until
17 probably Tuesday at the earliest.

18 TORI: Okay.

19 CHRISTINA: Yeah. So as of right now,
20 the best thing that I can suggest for her is she
21 needs to move that insulin. She needs to get it to a
22 place where it will sustain because her refrigerator
23 will stay cold for a while but not that long. It
24 looks like yesterday is when we disconnected it.

1 TORI: Okay. Um, and I'm concerned with
2 me. I'm off on Monday.

3 CHRISTINA: Okay.

4 TORI: Let's go through with putting it
5 into the property's name.

6 CHRISTINA: Okay.

7 TORI: And then --

8 CHRISTINA: Well, the problem being with
9 that is that the deposit she has on here --

10 TORI: Uh-huh.

11 CHRISTINA: -- it's going to take three
12 days for that to post back onto -- excuse me, 30 days
13 for that to be sent back to her.

14 TORI: Okay.

15 CHRISTINA: So that's going to put
16 another difficulty on her.

17 TORI: Okay.

18 CHRISTINA: Understand? I hesitate to do
19 it that way just for that simple reason.

20 TORI: Yeah. Well, and I hate that I'm
21 involved in this. I mean, it's just --

22 CHRISTINA: Well, the problem --

23 TORI: -- really crazy.

24 CHRISTINA: -- is this should have been

1 taken care of back in October.

2 TORI: Yeah.

3 CHRISTINA: And this unfortunately does
4 fall on her.

5 TORI: Yeah. So she just didn't finish
6 her application process and because --

7 CHRISTINA: I'm not showing that there
8 was an application process started.

9 TORI: So the money that she's paid, what
10 has that gone to? I mean, because you --

11 CHRISTINA: There is a -- okay. Hold on
12 a second. There was a request here and we had sent
13 some paperwork out to her --

14 TORI: Uh-huh.

15 CHRISTINA: -- and never received
16 anything back.

17 TORI: Okay.

18 CHRISTINA: And then we had a
19 cancellation because of her not sending that
20 paperwork back back in January.

21 TORI: Okay.

22 CHRISTINA: And then we had the request
23 yesterday from her because we disconnected the
24 service.

1 TORI: Uh-huh.

2 CHRISTINA: So since we -- the process --
3 I mean, come on now. You have been living there
4 since October. You've never gotten a bill? I mean,
5 really?

6 TORI: Yeah, but she said she'd paid you.

7 CHRISTINA: She paid -- she paid a
8 deposit.

9 TORI: Okay. So she has not -- yeah,
10 because we've never billed her either and so I
11 totally get it, you know. Like if you're not being
12 billed, you need to find out why because power is not
13 free. I get it.

14 CHRISTINA: No.

15 TORI: So she's only paid a deposit?

16 CHRISTINA: Yeah.

17 TORI: She never got a bill. She waited
18 until she was disconnected to call you and yell and
19 scream and freak out. Okay.

20 CHRISTINA: Exactly. And that's what
21 she's probably doing with you too and I'm sorry about
22 that but --

23 TORI: No, I get it.

24 CHRISTINA: -- your hands are tied and

1 you want -- if you want to tell her that, you can
2 tell her I'm sorry. There's nothing I can do. You
3 did not complete the process for your services to be
4 started. And so since those processes were not
5 completed, even if you paid the deposit, you had
6 bills that were going to be coming in each month.

7 TORI: Yeah.

8 CHRISTINA: October, I mean, she would
9 have had a bill in November, December, January,
10 February, and March.

11 TORI: Wow.

12 CHRISTINA: Five months.

13 TORI: Okay.

14 CHRISTINA: So --

15 TORI: Okay. So at this point --

16 CHRISTINA: Uh-huh.

17 TORI: -- I still have to go through with
18 speaking with somebody?

19 CHRISTINA: At this point that's what I'm
20 showing that's what they're requesting. There was --
21 like I say, they had sent out something back in
22 October to be filled out by her that was not returned
23 to us.

24 TORI: Okay. Because she said they sent

1 you something. I said, Jane, I have never had to do
2 this. If I had to fill out a form for every 172
3 residents that I have here, I would not be able to
4 manage this property.

5 CHRISTINA: Of course, of course not.

6 TORI: So I don't think the form was to
7 come to me. I get it that I have to do something
8 now, you know, but it's -- it's a case-by-case
9 situation.

10 CHRISTINA: Exactly, exactly, exactly and
11 that's it.

12 TORI: Okay.

13 CHRISTINA: Yeah, because, like I say,
14 okay, let's see, to be released upon (inaudible)
15 completion of (inaudible). Customer needs, customer
16 contact. Yeah. See, there was something that we had
17 sent out to her and it was for her, not for you --

18 TORI: Okay.

19 CHRISTINA: -- okay? And I'm -- that's
20 what I'm assuming this means.

21 TORI: Okay.

22 CHRISTINA: Okay. Review, yeah,
23 because -- lordy. I'm telling you, I love when
24 people put it on other people.

1 TORI: Well, I mean, it's -- it's the
2 nature of the beast unfortunately. You would be
3 surprised.

4 CHRISTINA: No, I wouldn't. No.

5 TORI: Yeah, you probably wouldn't.

6 CHRISTINA: Nope. I'm a landlord.

7 TORI: You deal with a different aspect
8 of it.

9 CHRISTINA: But I'm -- no, but I'm a
10 landlord --

11 TORI: Oh, you are?

12 CHRISTINA: -- too, so I've had to deal
13 with what you are having to deal with. And, no, and
14 the thing working here, no, dear, that's not the way
15 that works so don't --

16 TORI: Or and most of the time, you know,
17 when people come in and yell and scream about things,
18 they're upset with themselves, and you kind of have
19 to just understand the psychology behind that after a
20 while.

21 CHRISTINA: Oh, yeah.

22 TORI: Take it with a grain of salt.

23 CHRISTINA: So what I'm going to do here
24 is I'm going to note the account that -- and with

1 your number and everything on here and --

2 TORI: And I'm going to give you my cell
3 phone number too --

4 CHRISTINA: Oh, okay.

5 TORI: -- since I'm not going to be here
6 on Monday.

7 CHRISTINA: Okay. Let me give -- let me
8 put the cell phone number in then instead of your --
9 the work number, okay?

10 TORI: Great.

11 CHRISTINA: All right. Give me just a
12 second. Okay. What is that cell phone number?

13 TORI: It's area code (937) 520-5353.

14 CHRISTINA: Okay. (937) 520-5353.

15 TORI: You bet.

16 CHRISTINA: Oh, lordy. I am so sorry for
17 you having to be in the middle but --

18 TORI: Thank you. It is what it is.

19 CHRISTINA: It is.

20 TORI: But I'll call her back and calm
21 her down as best I can and tell her to get her
22 meds -- she has a house an hour away so she's just
23 going back and forth from what I'm understanding so
24 I --

1 CHRISTINA: There's -- there's different
2 ways to keep those medicines cold. She needs to find
3 something. I mean, honestly there has to be -- I
4 don't even know. Because I'm a diabetic too.

5 TORI: Yeah.

6 CHRISTINA: And I understand that aspect
7 of things but, oh, my Lord.

8 TORI: Well, I offered for her to put it
9 up here in our clubhouse, but it would be unsecured
10 so.

11 CHRISTINA: True, that's true.

12 TORI: I don't want to, you know.

13 CHRISTINA: Yeah.

14 TORI: I did offer a vacant or a model or
15 something too, so I'll -- I'll figure it out with
16 her.

17 CHRISTINA: Okay, okay.

18 TORI: And I'll just wait for them to
19 call me on Monday.

20 CHRISTINA: Okay.

21 TORI: Am I going to have to be -- can I
22 verbally --

23 CHRISTINA: Yeah.

24 TORI: -- verify everything? Oh, good.

1 Okay.

2 CHRISTINA: Yeah.

3 TORI: Okay.

4 CHRISTINA: Okay? I wish you the best.

5 TORI: Thank you.

6 CHRISTINA: I'm sorry about that. I wish
7 I could have given you something better or resolved
8 the situation quickly but unfortunately --

9 TORI: It is what it is.

10 CHRISTINA: -- it is what it is, exactly.
11 Thank you so very --

12 TORI: Well, we'll just go by the steps
13 and get it done. Thank you so much.

14 CHRISTINA: You take care.

15 TORI: You as well. Bye-bye.

16 CHRISTINA: Uh-huh. Bye-bye.

17 - - -

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CERTIFICATE

I do hereby certify that the foregoing is
a true and correct transcript of the proceedings
recorded by audiotape and transcribed by me in this
matter.

Karen Sue Gibson, Registered
Merit Reporter.

(KSG-6192)

- - -

REF OH EX. 7

NDC 0002-7510-01
VL-7510

10 mL
100 units per mL

Humalog[®]

insulin lispro injection, USP
(rDNA origin)

Rx only

U-100

NDC 0002-7510-01
VL-7510

10 mL
100 units per mL

Humalog

insulin lispro injection, USP
(rDNA origin)

Rx only

U-100

Rx only

Refrigerate.
Do not freeze.

Refrigerate.
Do not freeze.



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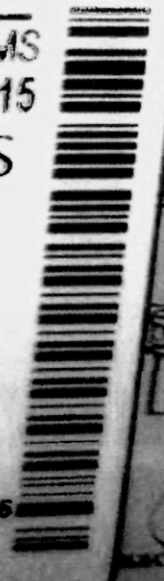
100

Rx# 6215322N
BIDWELL, JANE A

MMS/MMS
01/08/2015

**INJECT SUB-CUTANEOUSLY AS
DIRECTED MAX DAILY DOSE
OF 100 UNITS**

Humalog Insulin Lispro 100 units/mL
Lilly MDV



Discard after 01/08/2016

Qty: *30/90 ML

THIS PRODUCT IS THE PROPERTY OF OHIO HEALTH AND IS LOANED TO YOU FOR YOUR PATIENT'S USE ONLY. IT IS NOT TO BE TRANSFERRED TO ANY OTHER PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

EC 5133 AMS

REF 04 Ex 8

LANTUS®Prescribing
Information(insulin glargine injection) solution for subcutaneous
injection**Rx only****HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use LANTUS safely and effectively. See full prescribing information for LANTUS.

LANTUS® (insulin glargine injection) solution for subcutaneous injection

Initial U.S. Approval: 2000

RECENT MAJOR CHANGES

Dosage and Administration (2)	7/2015
Contraindications (4)	7/2015
Warnings and Precautions (5)	7/2015
Warnings and Precautions, Never Share a Lantus SoloStar Prefilled Pen, Syringe, or Needle between Patients (5.1)	2/2015

INDICATIONS AND USAGE

LANTUS is a long-acting human insulin analog indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. (1)

Limitations of Use:

Not recommended for treating diabetic ketoacidosis. (1)

DOSAGE AND ADMINISTRATION

- Individualize dosage based on metabolic needs, blood glucose monitoring, glycemic control, type of diabetes prior insulin use (2.1, 2.3, 2.4)
- Administer subcutaneously once daily at any time of day, but at the same time every day. (2.1)
- Do not dilute or mix with any other insulin or solution. (2.1)
- Rotate injection sites to reduce the risk of lipodystrophy. (2.2)
- Closely monitor glucose when changing to LANTUS and during initial weeks thereafter. (2.4)

DOSAGE FORMS AND STRENGTHS

Injection: 100 units/mL insulin glargine is available as:

- 10 mL vials (3)

- 3 mL SoloStar prefilled pen (3)

CONTRAINDICATIONS

- During episodes of hypoglycemia (4)
- Hypersensitivity to LANTUS or one of its excipients (4)

WARNINGS AND PRECAUTIONS

- *Never share* a LANTUS SoloStar prefilled pen between patients, even if the needle is changed (5.1)
- *Hyper- or hypoglycemia with changes in insulin regimen:* Carry out under close medical supervision (5.2)
- *Hypoglycemia:* May be life-threatening. Increase frequency of glucose monitoring with changes to: insulin dosage, co-administered glucose lowering medications, meal pattern, physical activity; and in patients with renal or hepatic impairment and hypoglycemia unawareness (5.3, 6.1)
- *Medication Errors:* Accidental mix-ups between insulin products can occur. Instruct patients to check insulin labels before injection. (5.4, 6.3)
- *Hypersensitivity reactions:* Severe, life-threatening, generalized allergy, including anaphylaxis, can occur. Discontinue LANTUS. Monitor and treat if indicated (5.5, 6.1)
- *Hypokalemia:* May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated. (5.6)
- *Fluid retention and heart failure with concomitant use of thiazolidinediones (TZDs):* Observe for signs and symptoms of heart failure; consider dosage reduction or discontinuation of TZD if heart failure occurs (5.7)

ADVERSE REACTIONS

Adverse reactions commonly associated with LANTUS include hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, rash, edema and weight gain. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact sanofi- aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- *Drugs that affect glucose metabolism:* Adjustment of insulin dosage may be needed; closely monitor of blood glucose. (7)
 - *Anti-Adrenergic Drugs* (e.g., beta-blockers, clonidine, guanethidine, and reserpine): Signs and symptoms of hypoglycemia may be reduced or absent. (7)
-

USE IN SPECIFIC POPULATIONS

- Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (8.1)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 08/2015

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 - 2.2 General Dosing Instructions
 - 2.3 Initiation of LANTUS Therapy
 - 2.4 Changing to LANTUS from Other Insulin Therapies
3. DOSAGE FORMS AND STRENGTHS
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FULL PRESCRIBING INFORMATION

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1. INDICATIONS AND USAGE

LANTUS is indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus.

Limitations of Use

LANTUS is not recommended for the treatment of diabetic ketoacidosis.

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2. DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

- Administer LANTUS subcutaneously once daily at any time of day but at the same time every day.

- Prior to initiation of LANTUS, train patients on proper use and injection technique.
- Patient should follow the Instructions for Use to correctly administer LANTUS.
- Administer LANTUS subcutaneously into the abdominal area, thigh, or deltoid, and rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy [see *Adverse Reactions* (6.1)].
- Visually inspect LANTUS vials and SoloStar prefilled pens for particulate matter and discoloration prior to administration. Only use if the solution is clear and colorless with no visible particles.
- Refrigerate unused (unopened) LANTUS vials and SoloStar® prefilled pens.
- Do not administer intravenously or via an insulin pump.
- Do not dilute or mix LANTUS with any other insulin or solution.
- The SoloStar prefilled pen is for single patient use only [see *Warning and Precautions* (5.1)].

2.2 General Dosing Instructions

- Individualize and adjust the dosage of LANTUS based on the individual's metabolic needs, blood glucose monitoring results and glycemic control goal.
- Dosage adjustments may be needed with changes in physical activity, changes in meal patterns (i.e., macronutrient content or timing of food intake), during acute illness, or changes in renal or hepatic function. Dosage adjustments should only be made under medical supervision with appropriate glucose monitoring [see *Warnings and Precautions* (5.2)].

2.3 Initiation of LANTUS Therapy

Type 1 Diabetes:

- In patients with type 1 diabetes, LANTUS must be used concomitantly with short-acting insulin. The recommended starting dose of LANTUS in patients with type 1 diabetes should be approximately one-third of the total daily insulin requirements. Short-acting, premeal insulin should be used to satisfy the remainder of the daily insulin requirements.

Type 2 Diabetes:

- The recommended starting dose of LANTUS in patients with type 2 diabetes who are not currently treated with insulin is 0.2 units/kg or up to 10 units once daily. One may need to adjust the

amount and timing of short- or rapid-acting insulins and dosages of any oral anti-diabetic drugs.

2.4 Changing to LANTUS from Other Insulin Therapies

- If changing patients from once daily TOUJEO (insulin glargine) 300 Units/mL to once daily LANTUS, the recommended initial LANTUS dose is 80% of the TOUJEO dose that is being discontinued. This dose reduction will lower the likelihood of hypoglycemia *[see Warnings and Precautions (5.3)]*.
- If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, a change in the dose of the basal insulin may be required and the amount and timing of the shorter-acting insulins and doses of any oral anti-diabetic drugs may be needed to be adjusted.
- If changing patients from once-daily NPH insulin to once-daily LANTUS, the recommended initial LANTUS dose is the same as the dose of NPH that is being discontinued.
- If changing patients from twice-daily NPH insulin to once-daily LANTUS, the recommended initial LANTUS dosage is 80% of the total NPH dose that is being discontinued. This dosage reduction will lower the likelihood of hypoglycemia *[see Warnings and Precautions (5.3)]*.

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3. DOSAGE FORMS AND STRENGTHS

Injection: 100 units per mL of insulin glargine. LANTUS is available as:

- 10 mL vial
- 3 mL SoloStar prefilled pen

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4. CONTRAINDICATIONS

LANTUS is contraindicated

- During episodes of hypoglycemia *[see Warnings and Precautions (5.3)]*.
- In patients with hypersensitivity to LANTUS or one of its excipients *[see Warnings and Precautions (5.5)]*.

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5. WARNINGS AND PRECAUTIONS

5.1 Never Share a LANTUS SoloStar Prefilled Pen, Syringe, or Needle between Patients

- | LANTUS SoloStar prefilled pens must never be shared between patients, even if the needle is changed. Patients using LANTUS vials must never reuse or share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens.

5.2 Hyperglycemia or Hypoglycemia with Changes in Insulin Regimen

- | Changes in insulin strength, manufacturer, type, or method of administration may affect glycemic control and predispose to hypoglycemia [see *Warnings and Precautions (5.3)*] or hyperglycemia. These changes should be made cautiously and only under close medical supervision, and the frequency of blood glucose monitoring should be increased. For patients with type 2 diabetes, dosage adjustments of concomitant oral and anti-diabetic products may be needed.

5.3 Hypoglycemia

- | Hypoglycemia is the most common adverse reaction associated with insulin, including LANTUS. Severe hypoglycemia can cause seizures, may be life-threatening or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g., driving or operating other machinery).
- | Hypoglycemia can happen suddenly and symptoms may differ in each individual and change over time in the same individual. Symptomatic awareness of hypoglycemia may be less pronounced in patients with longstanding diabetes, in patients with diabetic nerve disease, in patients using medications that block the sympathetic nervous system (e.g., beta-blockers) [see *Drug Interactions (7)*], or in patients who experience recurrent hypoglycemia.

| Risk Factors for Hypoglycemia

- | The risk of hypoglycemia after an injection is related to the duration of action of the insulin and, in general, is highest when the glucose lowering effect of the insulin is maximal. As with all insulin preparations, the glucose lowering effect time course of LANTUS may vary in different individuals or at different times in the same individual and depends on many conditions, including the area of injection as well as the injection site blood supply and temperature [see *Clinical Pharmacology (12.2)*]. Other factors which may increase the risk of hypoglycemia include changes in meal pattern (e.g., macronutrient content or timing of meals), changes in level of physical activity, or changes to co-administered medication [see *Drug Interactions (7)*]. Patients with renal or hepatic impairment may be at higher risk of hypoglycemia [See *Use in Specific Populations (8.6, 8.7)*].

| Risk Mitigation Strategies for Hypoglycemia

|

Patients and caregivers must be educated to recognize and manage hypoglycemia. Self-monitoring of blood glucose plays an essential role in the prevention and management of hypoglycemia. In patients at higher risk for hypoglycemia and patients who have reduced symptomatic awareness of hypoglycemia, increased frequency of blood glucose monitoring is recommended.

- | The long-acting effect of LANTUS may delay recovery from hypoglycemia.

5.4 Medication Errors

- | Accidental mix-ups among insulin products, particularly between long-acting insulins and rapid-acting insulins, have been reported. To avoid medication errors between LANTUS and other insulins, instruct patients to always check the insulin label before each injection [*see Adverse Reactions (6.3)*].

5.5 Hypersensitivity and Allergic Reactions

- | Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including LANTUS. If hypersensitivity reactions occur, discontinue LANTUS; treat per standard of care and monitor until symptoms and signs resolve [*see Adverse Reactions (6.1)*]. LANTUS is contraindicated in patients who have had hypersensitivity reactions to insulin glargine or one of the excipients [*see Contraindications (4)*].

5.6 Hypokalemia

- | All insulin products, including LANTUS, cause a shift in potassium from the extracellular to intracellular space, possibly leading to hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia if indicated (e.g., patients using potassium-lowering medications, patients taking medications sensitive to serum potassium concentrations).

5.7 Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists

Thiazolidinediones (TZDs), which are peroxisome proliferator-activated receptor (PPAR)-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin, including LANTUS, and a PPAR-gamma agonist should be observed for signs and symptoms of heart failure. If heart failure develops, it should be managed according to current standards of care, and discontinuation or dose reduction of the PPAR-gamma agonist must be considered.

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6. ADVERSE REACTIONS

The following adverse reactions are discussed elsewhere:

- Hypoglycemia [see *Warnings and Precautions (5.3)*]
- Hypersensitivity and allergic reactions [see *Warnings and Precautions (5.5)*]
- Hypokalemia [see *Warnings and Precautions (5.6)*].

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trial of another drug and may not reflect the rates observed in practice.

The data in Table 1 reflect the exposure of 2327 patients with type 1 diabetes to LANTUS or NPH. The type 1 diabetes population had the following characteristics: Mean age was 38.5 years. Fifty four percent were male, 96.9% were Caucasian, 1.8 % were Black or African American and 2.7 % were Hispanic. The mean BMI was 25.1 kg/m².

The data in Table 2 reflect the exposure of 1563 patients with type 2 diabetes to LANTUS or NPH. The type 2 diabetes population had the following characteristics: Mean age was 59.3 years. Fifty eight percent were male, 86.7% were Caucasian, 7.8 % were Black or African American and 9 % were Hispanic. The mean BMI was 29.2 kg/m².

The frequencies of adverse events during LANTUS clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus are listed in the tables below.

Table 1: Adverse events in pooled clinical trials up to 28 weeks duration in adults with type 1 diabetes (adverse events with frequency ≥5%)

	LANTUS, % (n=1257)	NPH, % (n=1070)
Upper respiratory tract infection	22.4	23.1
Infection*	9.4	10.3
Accidental injury	5.7	6.4
Headache	5.5	4.7

* Body System not Specified

Table 2: Adverse events in pooled clinical trials up to 1 year duration in adults with type 2 diabetes (adverse events with frequency ≥ 5%)

	LANTUS, % (n=849)	NPH, % (n=714)
Upper respiratory tract infection	11.4	13.3
Infection*	10.4	11.6
Retinal vascular disorder	5.8	7.4

* Body System not Specified

Table 3: Adverse events in a 5-year trial of adults with type 2 diabetes (adverse events with frequency $\geq 10\%$)

	LANTUS, % (n=514)	NPH, % (n=503)
Upper respiratory tract infection	29.0	33.6
Edema peripheral	20.0	22.7
Hypertension	19.6	18.9
Influenza	18.7	19.5
Sinusitis	18.5	17.9
Cataract	18.1	15.9
Bronchitis	15.2	14.1
Arthralgia	14.2	16.1
Pain in extremity	13.0	13.1
Back pain	12.8	12.3
Cough	12.1	7.4
Urinary tract infection	10.7	10.1
Diarrhea	10.7	10.3
Depression	10.5	9.7
Headache	10.3	9.3

Table 4: Adverse events in a 28-week clinical trial of children and adolescents with type 1 diabetes (adverse events with frequency $\geq 5\%$)

	LANTUS, % (n=174)	NPH, % (n=175)
Infection*	13.8	17.7
Upper respiratory tract infection	13.8	16.0
Pharyngitis	7.5	8.6
Rhinitis	5.2	5.1

* Body System not Specified

Severe Hypoglycemia

Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including LANTUS [see *Warnings and Precautions* (5.3)]. Tables 5, and 6 and 7 summarize the incidence of severe hypoglycemia in the LANTUS individual clinical trials. Severe symptomatic hypoglycemia was defined as an event with symptoms consistent with hypoglycemia requiring the assistance of another person and associated with either a blood glucose below 50 mg/dL (≤ 56 mg/dL in the 5-year trial and ≤ 36 mg/dL in the ORIGIN trial) or prompt recovery after oral carbohydrate, intravenous glucose or glucagon administration.

Percentages of LANTUS-treated adult patients experiencing severe symptomatic hypoglycemia in the LANTUS clinical trials [see *Clinical Studies* (14)] were comparable to percentages of NPH-treated patients for all treatment regimens (see Tables 5 and 6). In the pediatric phase 3 clinical trial, children and adolescents with type 1 diabetes had a higher

incidence of severe symptomatic hypoglycemia in the two treatment groups compared to the adult trials with type 1 diabetes.

Table 5: Severe Symptomatic Hypoglycemia in Patients with Type 1 Diabetes

	Study A Type 1 Diabetes Adults 28 weeks In combination with regular insulin		Study B Type 1 Diabetes Adults 28 weeks In combination with regular insulin		Study C Type 1 Diabetes Adults 16 weeks In combination with insulin lispro		Study D Type 1 Diabetes Pediatrics 26 weeks In combination with regular insulin	
	LANTUS N=292	NPH N=293	LANTUS N=264	NPH N=270	LANTUS N=310	NPH N=309	LANTUS N=174	NPH N=175
Percent of patients	10.6	15.0	8.7	10.4	6.5	5.2	23.0	28.6

Table 6: Severe Symptomatic Hypoglycemia in Patients with Type 2 Diabetes

	Study E Type 2 Diabetes Adults 52 weeks In combination with oral agents		Study F Type 2 Diabetes Adults 28 weeks In combination with regular insulin		Study G Type 2 Diabetes Adults 5 years In combination with regular insulin	
	LANTUS N=289	NPH N=281	LANTUS N=259	NPH N=259	LANTUS N=513	NPH N=504
Percent of patients	1.7	1.1	0.4	2.3	7.8	11.9

Table 7 displays the proportion of patients experiencing severe symptomatic hypoglycemia in the Lantus and Standard Care groups in the ORIGIN Trial [see *Clinical Studies (14)*].

Table 7: Severe Symptomatic Hypoglycemia in the ORIGIN trial

	ORIGIN Trial Median duration of follow-up: 6.2 years	
	LANTUS N=6231	Standard Care N=6273
Percent of patients	5.6	1.8

Peripheral Edema

Some patients taking LANTUS have experienced sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Lipodystrophy

Administration of insulin subcutaneously, including LANTUS, has resulted in lipoatrophy (depression in the skin) or lipohypertrophy (enlargement or

thickening of tissue) in some patients [*see Dosage and Administration (2.2)*].

Insulin initiation and intensification of glucose control

Intensification or rapid improvement in glucose control has been associated with a transitory, reversible ophthalmologic refraction disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Weight gain

Weight gain has occurred with some insulin therapies including LANTUS and has been attributed to the anabolic effects of insulin and the decrease in glucosuria.

Allergic Reactions

Local Allergy

As with any insulin therapy, patients taking LANTUS may experience injection site reactions, including redness, pain, itching, urticaria, edema, and inflammation. In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS-treated patients (2.7%) compared to NPH insulin-treated patients (0.7%). The reports of pain at the injection site did not result in discontinuation of therapy.

Systemic Allergy

Severe, life-threatening, generalized allergy, including anaphylaxis, generalized skin reactions, angioedema, bronchospasm, hypotension, and shock may occur with any insulin, including LANTUS and may be life threatening.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. All insulin products can elicit the formation of insulin antibodies. The presence of such insulin antibodies may increase or decrease the efficacy of insulin and may require adjustment of the insulin dose. In phase 3 clinical trials of LANTUS, increases in titers of antibodies to insulin were observed in NPH insulin and LANTUS treatment groups with similar incidences.

6.3 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of LANTUS. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Medication errors have been reported in which other insulins, particularly rapid-acting insulins, have been accidentally administered instead of LANTUS [*see Patient Counseling Information (17)*]. To avoid medication

errors between LANTUS and other insulins, patients should be instructed to always verify the insulin label before each injection.

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7. DRUG INTERACTIONS

Table 8 includes clinically significant drug interactions with LANTUS.

Table 8: Clinically Significant Drug Interactions with LANTUS

Drugs That May Increase the Risk of Hypoglycemia	
<i>Drugs:</i>	Antidiabetic agents, ACE inhibitors, angiotensin II receptor blocking agents, disopyramide, fibrates, fluoxetine, monoamine oxidase inhibitors, pentoxifylline, pramlintide, propoxyphene, salicylates, somatostatin analogs (e.g., octreotide), and sulfonamide antibiotics.
<i>Intervention:</i>	Dose reductions and increased frequency of glucose monitoring may be required when LANTUS is co-administered with these drugs.
Drugs That May Decrease the Blood Glucose Lowering Effect of LANTUS	
<i>Drugs:</i>	Atypical antipsychotics (e.g., olanzapine and clozapine), corticosteroids, danazol, diuretics, estrogens, glucagon, isoniazid, niacin, oral contraceptives, phenothiazines, progestogens (e.g., in oral contraceptives), protease inhibitors, somatropin, sympathomimetic agents (e.g., albuterol, epinephrine, terbutaline), and thyroid hormones
<i>Intervention:</i>	Dose increases and increased frequency of glucose monitoring may be required when LANTUS is co-administered with these drugs.
Drugs That May Increase or Decrease the Blood Glucose Lowering Effect of LANTUS	
<i>Drugs:</i>	Alcohol, beta-blockers, clonidine, and lithium salts. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.
<i>Intervention:</i>	Dose adjustment and increased frequency of glucose monitoring may be required when LANTUS is co-administered with these drugs.
Drugs That May Blunt Signs and Symptoms of Hypoglycemia	
<i>Drugs:</i>	beta-blockers, clonidine, guanethidine, and reserpine
<i>Intervention:</i>	Increased frequency of glucose monitoring may be required when LANTUS is co-administered with these drugs.

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8. USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

There are no well-controlled clinical studies of the use of LANTUS in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. This background risk is increased in pregnancies complicated by hyperglycemia and may be decreased with good metabolic control. It is essential for patients with diabetes or history of gestational diabetes to maintain good metabolic

control before conception and throughout pregnancy. In patients with diabetes or gestational diabetes, insulin requirements may decrease during the first trimester, generally increase during the second trimester, and rapidly decline after delivery. Careful monitoring of glucose control is essential in these patients. Therefore, female patients should be advised to tell their physicians if they intend to become, or if they become pregnant while taking LANTUS.

Subcutaneous reproduction and teratology studies have been performed with insulin glargine and regular human insulin in rats and Himalayan rabbits. Insulin glargine was given to female rats before mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m². In rabbits, doses of 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m², were administered during organogenesis. The effects of insulin glargine did not generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses from two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic development appeared normal.

8.3 Nursing Mothers

Endogenous insulin is present in human milk; it is unknown whether insulin glargine is excreted in human milk. Because many drugs, including human insulin, are excreted in human milk, caution should be exercised when LANTUS is administered to a nursing woman. Use of LANTUS is compatible with breastfeeding, but women with diabetes who are lactating may require adjustments of their insulin doses.

8.4 Pediatric Use

The safety and effectiveness of LANTUS have been established in pediatric patients (age 6 to 15 years) with type 1 diabetes [see *Clinical Studies (14.2)*]. The safety and effectiveness of LANTUS in pediatric patients younger than 6 years of age with type 1 diabetes and pediatric patients with type 2 diabetes have not been established.

The dosage recommendation when changing to LANTUS in pediatric patients (age 6 to 15 years) with type 1 diabetes is the same as that described for adults [see *Dosage and Administration (2.2, 2.4)* and *Clinical Studies (14)*]. As in adults, the dosage of LANTUS must be individualized in pediatric patients (age 6 to 15 years) with type 1 diabetes based on metabolic needs and frequent monitoring of blood glucose.

In the pediatric clinical trial, pediatric patients (age 6 to 15 years) with type 1 diabetes had a higher incidence of severe symptomatic hypoglycemia compared to the adults in trials with type 1 diabetes [see *Adverse Reactions (6.1)*].

8.5 Geriatric Use

Of the total number of subjects in controlled clinical studies of patients with type 1 and type 2 diabetes, who were treated with LANTUS, 15% were ≥ 65 years of age and 2% were ≥ 75 years of age. The only difference in safety or effectiveness in the subpopulation of patients ≥ 65 years of age compared to the entire study population was a higher incidence of cardiovascular events typically seen in an older population in the LANTUS and NPH treatment groups.

Nevertheless, caution should be exercised when LANTUS is administered to geriatric patients. In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.

8.6 Hepatic Impairment

The effect of hepatic impairment on the pharmacokinetics of LANTUS has not been studied. Frequent glucose monitoring and dose adjustment may be necessary for LANTUS in patients with hepatic impairment [see *Warnings and Precautions (5.3)*].

8.7 Renal Impairment

The effect of renal impairment on the pharmacokinetics of LANTUS has not been studied. Some studies with human insulin have shown increased circulating levels of insulin in patients with renal failure. Frequent glucose monitoring and dose adjustment may be necessary for LANTUS in patients with renal impairment [see *Warnings and Precautions (5.3)*].

8.8 Obesity

In controlled clinical trials, subgroup analyses based on BMI did not show differences in safety and efficacy between LANTUS and NPH.

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10. OVERDOSAGE

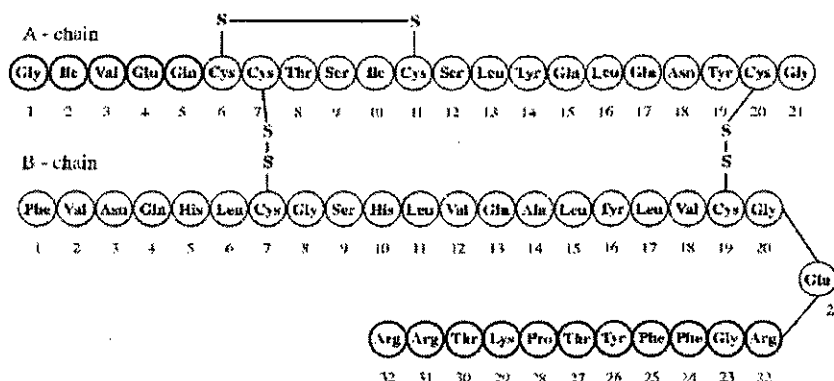
Excess insulin administration may cause hypoglycemia and hypokalemia [see *Warnings and Precautions (5.3, 5.6)*]. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. Adjustments in drug dosage, meal patterns, or exercise may be needed.

More severe episodes of hypoglycemia with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid recurrence of hypoglycemia. Hypokalemia must be corrected appropriately.

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11. DESCRIPTION

LANTUS (insulin glargine injection) is a sterile solution of insulin glargine for subcutaneous use. Insulin glargine is a recombinant human insulin analog that is a long-acting, parenteral blood-glucose-lowering agent [see *Clinical Pharmacology* (12)]. Insulin glargine has low aqueous solubility at neutral pH. At pH 4 insulin glargine is completely soluble. After injection into the subcutaneous tissue, the acidic solution is neutralized, leading to formation of microprecipitates from which small amounts of insulin glargine are slowly released, resulting in a relatively constant concentration/time profile over 24 hours with no pronounced peak. This profile allows once-daily dosing as a basal insulin. LANTUS is produced by recombinant DNA technology utilizing a non-pathogenic laboratory strain of *Escherichia coli* (K12) as the production organism. Insulin glargine differs from human insulin in that the amino acid asparagine at position A21 is replaced by glycine and two arginines are added to the C-terminus of the B-chain. Chemically, insulin glargine is 21^A-Gly-30^Ba-L-Arg-30^Bb-L-Arg-human insulin and has the empirical formula C₂₆₇H₄₀₄N₇₂O₇₈S₆ and a molecular weight of 6063. Insulin glargine has the following structural formula:



LANTUS consists of insulin glargine dissolved in a clear aqueous fluid. Each milliliter of LANTUS (insulin glargine injection) contains 100 Units (3.6378 mg) insulin glargine.

The 10 mL vial presentation contains the following inactive ingredients per mL: 30 mcg zinc, 2.7 mg m-cresol, 20 mg glycerol 85%, 20 mcg polysorbate 20, and water for injection.

The 3 mL prefilled pen presentation contains the following inactive ingredients per mL: 30 mcg zinc, 2.7 mg m-cresol, 20 mg glycerol 85%, and water for injection.

The pH is adjusted by addition of aqueous solutions of hydrochloric acid and sodium hydroxide. LANTUS has a pH of approximately 4.

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12. CLINICAL PHARMACOLOGY

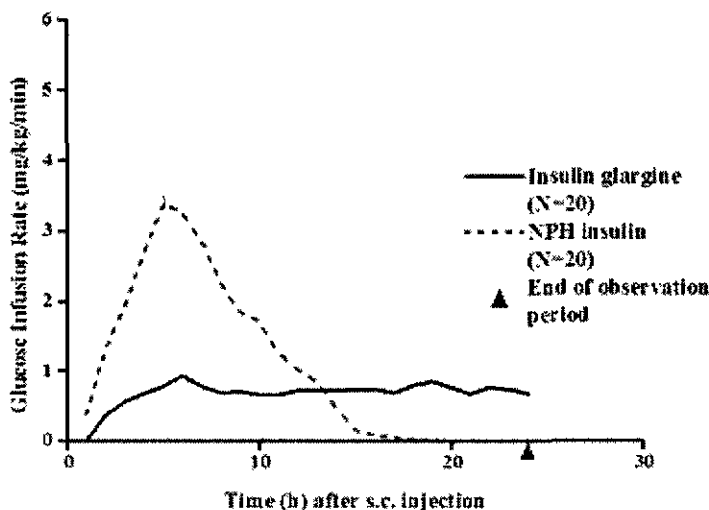
12.1 Mechanism of Action

The primary activity of insulin, including insulin glargine, is regulation of glucose metabolism. Insulin and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin inhibits lipolysis and proteolysis, and enhances protein synthesis.

12.2 Pharmacodynamics

In clinical studies, the glucose-lowering effect on a molar basis (i.e., when given at the same doses) of intravenous insulin glargine is approximately the same as that for human insulin. *Figure 1* shows results from a study in patients with type 1 diabetes conducted for a maximum of 24 hours after the injection. The median time between injection and the end of pharmacological effect was 14.5 hours (range: 9.5 to 19.3 hours) for NPH insulin, and 24 hours (range: 10.8 to >24.0 hours) (24 hours was the end of the observation period) for insulin glargine.

Figure 1. Activity Profile in Patients with Type 1 Diabetes



* Determined as amount of glucose infused to maintain constant plasma glucose levels.

The duration of action after abdominal, deltoid, or thigh subcutaneous administration was similar. The time course of action of insulins, including LANTUS, may vary between individuals and within the same individual.

12.3 Pharmacokinetics

Absorption and Bioavailability

After subcutaneous injection of LANTUS in healthy subjects and in patients with diabetes, the insulin serum concentrations indicated a slower, more prolonged absorption and a relatively constant concentration/time profile over 24 hours with no pronounced peak in comparison to NPH insulin.

Metabolism and Elimination

A metabolism study in humans indicates that insulin glargine is partly metabolized at the carboxyl terminus of the B chain in the subcutaneous depot to form two active metabolites with in vitro activity similar to that of human insulin, M1 (21^A-Gly-insulin) and M2 (21^A-Gly-des-30^B-Thr-insulin). Unchanged drug and these degradation products are also present in the circulation.

Special Populations

Age, Race, and Gender. Effect of age, race, and gender on the pharmacokinetics of LANTUS has not been evaluated. However, in controlled clinical trials in adults (n=3890) and a controlled clinical trial in pediatric patients (n=349), subgroup analyses based on age, race, and gender did not show differences in safety and efficacy between LANTUS and NPH insulin [see *Clinical Studies* (14)].

Obesity. Effect of Body Mass Index (BMI) on the pharmacokinetics of LANTUS has not been evaluated.

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13. NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In mice and rats, standard two-year carcinogenicity studies with insulin glargine were performed at doses up to 0.455 mg/kg, which was for the rat approximately 10 times and for the mouse approximately 5 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m². The findings in female mice were not conclusive due to excessive mortality in all dose groups during the study. Histiocytomas were found at injection sites in male rats (statistically significant) and male mice (not statistically significant) in acid vehicle containing groups. These tumors were not found in female animals, in saline control, or insulin comparator groups using a different vehicle. The relevance of these findings to humans is unknown.

Insulin glargine was not mutagenic in tests for detection of gene mutations in bacteria and mammalian cells (Ames- and HGPRT-test) and in tests for detection of chromosomal aberrations (cytogenetics in vitro in V79 cells and in vivo in Chinese hamsters).

In a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up to 0.36 mg/kg/day, which was approximately 7 times the recommended human subcutaneous starting dose of 10 Units/day (0.008 mg/kg/day), based on mg/m², maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH insulin.

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14. Clinical STUDIES

14.1 Overview of Clinical Studies

The safety and effectiveness of LANTUS given once-daily at bedtime was compared to that of once-daily and twice-daily NPH insulin in open-label, randomized, active-controlled, parallel studies of 2,327 adult patients and 349 pediatric patients with type 1 diabetes mellitus and 1,563 adult patients with type 2 diabetes mellitus (see Tables 9–11). In general, the reduction in glycated hemoglobin (HbA1c) with LANTUS was similar to that with NPH insulin.

14.2 Clinical Studies in Adult and Pediatric Patients with Type 1 Diabetes

In two clinical studies (Studies A and B), patients with type 1 diabetes (Study A; n=585, Study B n=534) were randomized to 28 weeks of basal-bolus treatment with LANTUS or NPH insulin. Regular human insulin was administered before each meal. LANTUS was administered at bedtime. NPH insulin was administered either as once daily at bedtime or in the morning and at bedtime when used twice daily.

In Study A, the average age was 39.2 years. The majority of patients were White (99%) and 55.7% were male. The mean BMI was approximately 24.9 kg/m². The mean duration of diabetes was 15.5 years.

In Study B, the average age was 38.5 years. The majority of patients were White (95.3%) and 50.6% were male. The mean BMI was approximately 25.8 kg/m². The mean duration of diabetes was 17.4 years.

In another clinical study (Study C), patients with type 1 diabetes (n=619) were randomized to 16 weeks of basal-bolus treatment with LANTUS or NPH insulin. Insulin lispro was used before each meal. LANTUS was administered once daily at bedtime and NPH insulin was administered once or twice daily. The average age was 39.2 years. The majority of patients were White (96.9%) and 50.6% were male. The mean BMI was approximately 25.6 kg/m². The mean duration of diabetes was 18.5 years.

In these 3 studies, LANTUS and NPH insulin had similar effects on HbA1c (Table 9) with a similar overall rate of severe symptomatic hypoglycemia [see *Adverse Reactions* (6.1)].

Table 9: Type 1 Diabetes Mellitus–Adult

Treatment duration Treatment in combination with	<u>Study A</u> 28 weeks Regular insulin		<u>Study B</u> 28 weeks Regular insulin		<u>Study C</u> 16 weeks Insulin lispro	
	LANTUS	NPH	LANTUS	NPH	LANTUS	NPH
Number of subjects treated	292	293	264	270	310	309
HbA1c						
Baseline HbA1c	8.0	8.0	7.7	7.7	7.6	7.7
Adjusted mean change at trial end	+0.2	+0.1	-0.2	-0.2	-0.1	-0.1
Treatment Difference (95% CI)	+0.1 (0.0; +0.2)		+0.1 (-0.1; +0.2)		0.0 (-0.1; +0.1)	

Treatment duration Treatment in combination with	<u>Study A</u> 28 weeks Regular insulin		<u>Study B</u> 28 weeks Regular insulin		<u>Study C</u> 16 weeks Insulin lispro	
	LANTUS	NPH	LANTUS	NPH	LANTUS	NPH
Basal insulin dose						
Baseline mean	21	23	29	29	28	28
Mean change from baseline	-2	0	-4	+2	-5	+1
Total insulin dose						
Baseline mean	48	52	50	51	50	50
Mean change from baseline	-1	0	0	+4	-3	0
Fasting blood glucose (mg/dL)						
Baseline mean	167	166	166	175	175	173
Adj. mean change from baseline	-21	-16	-20	-17	-29	-12
Body weight (kg)						
Baseline mean	73.2	74.8	75.5	75.0	74.8	75.6
Mean change from baseline	0.1	-0.0	0.7	1.0	0.1	0.5

Type 1 Diabetes – Pediatric (see Table 10).

In a randomized, controlled clinical study (Study D), pediatric patients (age range 6 to 15 years) with type 1 diabetes (n=349) were treated for 28 weeks with a basal-bolus insulin regimen where regular human insulin was used before each meal. LANTUS was administered once daily at bedtime and NPH insulin was administered once or twice daily. The average age was 11.7 years. The majority of patients were White (96.8%) and 51.9% were male. The mean BMI was approximately 18.9 kg/m². The mean duration of diabetes was 4.8 years. Similar effects on HbA1c (Table 10) were observed in both treatment groups [see *Adverse Reactions* (6.1)].

Table 10: Type 1 Diabetes Mellitus–Pediatric

Treatment duration Treatment in combination with	<u>Study D</u> 28 weeks Regular insulin	
	LANTUS + Regular Insulin	NPH+ Regular Insulin
Number of subjects treated	174	175
HbA1c		
Baseline mean	8.5	8.8
Change from baseline (adjusted mean)	+0.3	+0.3
Difference from NPH (adjusted mean) (95% CI)	0.0 (-0.2; +0.3)	
Basal insulin dose		
Baseline mean	19	19
Mean change from baseline	-1	+2

Treatment duration Treatment in combination with	Study D 28 weeks Regular insulin	
	LANTUS + Regular Insulin	NPH+ Regular Insulin
Total insulin dose		
Baseline mean	43	43
Mean change from baseline	+2	+3
Fasting blood glucose (mg/dL)		
Baseline mean	194	191
Mean change from baseline	-23	-12
Body weight (kg)		
Baseline mean	45.5	44.6
Mean change from baseline	2.2	2.5

14.3 Clinical Studies in Adults with Type 2 Diabetes

In a randomized, controlled clinical study (Study E) (n=570), LANTUS was evaluated for 52 weeks in combination with oral anti-diabetic medications (a sulfonylurea, metformin, acarbose, or combinations of these drugs). The average age was 59.5 years. The majority of patients were White (92.8%) and 53.7% were male. The mean BMI was approximately 29.1 kg/m². The mean duration of diabetes was 10.3 years. LANTUS administered once daily at bedtime was as effective as NPH insulin administered once daily at bedtime in reducing HbA1c and fasting glucose (Table 11). The rate of severe symptomatic hypoglycemia was similar in LANTUS and NPH insulin treated patients [see *Adverse Reactions* (6.1)].

In a randomized, controlled clinical study (Study F), in patients with type 2 diabetes not using oral anti-diabetic medications (n=518), a basal-bolus regimen of LANTUS once daily at bedtime or NPH insulin administered once or twice daily was evaluated for 28 weeks. Regular human insulin was used before meals, as needed. The average age was 59.3 years. The majority of patients were White (80.7%) and 60% were male. The mean BMI was approximately 30.5 kg/m². The mean duration of diabetes was 13.7 years. LANTUS had similar effectiveness as either once- or twice-daily NPH insulin in reducing HbA1c and fasting glucose (Table 11) with a similar incidence of hypoglycemia [see *Adverse Reactions* (6.1)].

In a randomized, controlled clinical study (Study G), patients with type 2 diabetes were randomized to 5 years of treatment with once-daily LANTUS or twice-daily NPH insulin. For patients not previously treated with insulin, the starting dose of LANTUS or NPH insulin was 10 units daily. Patients who were already treated with NPH insulin either continued on the same total daily NPH insulin dose or started LANTUS at a dose that was 80% of the total previous NPH insulin dose. The primary endpoint for this study was a comparison of the progression of diabetic retinopathy by 3 or more steps on the Early Treatment Diabetic Retinopathy Study (ETDRS) scale. HbA1c change from baseline was a secondary endpoint. Similar glycemic control in the 2 treatment groups was desired in order to

not confound the interpretation of the retinal data. Patients or study personnel used an algorithm to adjust the LANTUS and NPH insulin doses to a target fasting plasma glucose ≤ 100 mg/dL. After the LANTUS or NPH insulin dose was adjusted, other anti-diabetic agents, including pre-meal insulin were to be adjusted or added. The average age was 55.1 years. The majority of patients were White (85.3%) and 53.9% were male. The mean BMI was approximately 34.3 kg/m². The mean duration of diabetes was 10.8 years. The LANTUS group had a smaller mean reduction from baseline in HbA1c compared to the NPH insulin group, which may be explained by the lower daily basal insulin doses in the LANTUS group (Table 11). The incidences of severe symptomatic hypoglycemia were similar between groups [see *Adverse Reactions* (6.1)].

Table 11: Type 2 Diabetes Mellitus–Adult

Treatment duration Treatment in combination with	<u>Study E</u> 52 weeks Oral agents		<u>Study F</u> 28 weeks Regular insulin		<u>Study G</u> 5 years Regular insulin	
	LANTUS	NPH	LANTUS	NPH	LANTUS	NPH
Number of subjects treated	289	281	259	259	513	504
HbA1c						
Baseline mean	9.0	8.9	8.6	8.5	8.4	8.3
Adjusted mean change from baseline	-0.5	-0.4	-0.4	-0.6	-0.6	-0.8
LANTUS – NPH	-0.1		+0.2		+0.2	
95% CI for Treatment difference	(-0.3; +0.1)		(0.0; +0.4)		(+0.1, +0.4)	
Basal insulin dose*						
Baseline mean	14	15	44.1	45.5	39	44
Mean change from baseline	+12	+9	-1	+7	+23	+30
Total insulin dose*						
Baseline mean	14	15	64	67	48	53
Mean change from baseline	+12	+9	+10	+13	+41	+40
Fasting blood glucose (mg/dL)						
Baseline mean	179	180	164	166	190	180
Adj. mean change from baseline	-49	-46	-24	-22	-45	-44
Body weight (kg)						
Baseline mean	83.5	82.1	89.6	90.7	100	99
Adj. mean change from baseline	2.0	1.9	0.4	1.4	3.7	4.8

* In Study G, the baseline dose of basal or total insulin was the first available on-treatment dose prescribed during the study (on visit month 1.5).

LANTUS Timing of Daily Dosing (see Table 12).

The safety and efficacy of LANTUS administered pre-breakfast, pre-dinner, or at bedtime were evaluated in a randomized, controlled clinical

study in patients with type 1 diabetes (study H, n=378). Patients were also treated with insulin lispro at mealtime. The average age was 40.9 years. All patients were White (100%) and 53.7% were male. The mean BMI was approximately 25.3 kg/m². The mean duration of diabetes was 17.3 years. LANTUS administered at different times of the day resulted in similar reductions in HbA1c compared to that with bedtime administration (see Table 12). In these patients, data are available from 8-point home glucose monitoring. The maximum mean blood glucose was observed just prior to injection of LANTUS regardless of time of administration.

In this study, 5% of patients in the LANTUS-breakfast arm discontinued treatment because of lack of efficacy. No patients in the other two arms discontinued for this reason. The safety and efficacy of LANTUS administered pre-breakfast or at bedtime were also evaluated in a randomized, active-controlled clinical study (Study I, n=697) in patients with type 2 diabetes not adequately controlled on oral anti-diabetic therapy. All patients in this study also received glimepiride 3 mg daily. The average age was 60.8 years. The majority of patients were White (96.6%) and 53.7% were male. The mean BMI was approximately 28.7 kg/m². The mean duration of diabetes was 10.1 years. LANTUS given before breakfast was at least as effective in lowering HbA1c as LANTUS given at bedtime or NPH insulin given at bedtime (see Table 12).

Table 12: LANTUS Timing of Daily Dosing in Type 1 (Study H) and Type 2 (Study I) Diabetes Mellitus

Treatment duration Treatment in combination with:	Study H 24 weeks Insulin lispro			Study I 24 weeks Glimepiride		
	LANTUS Breakfast	LANTUS Dinner	LANTUS Bedtime	LANTUS Breakfast	LANTUS Bedtime	NPH Bedtime
Number of subjects treated*	112	124	128	234	226	227
HbA1c						
Baseline mean	7.6	7.5	7.6	9.1	9.1	9.1
Mean change from baseline	-0.2	-0.1	0.0	-1.3	-1.0	-0.8
Basal insulin dose (U)						
Baseline mean	22	23	21	19	20	19
Mean change from baseline	5	2	2	11	18	18
Total insulin dose (U)				NA†	NA	NA
Baseline mean	52	52	49			
Mean change from baseline	2	3	2			
Body weight (kg)						

***total number of patients evaluable for safety

* Intent to treat

† Not applicable

Treatment duration Treatment in combination with:	Study H 24 weeks			Study I 24 weeks		
	Insulin lispro			Glimepiride		
	LANTUS Breakfast	LANTUS Dinner	LANTUS Bedtime	LANTUS Breakfast	LANTUS Bedtime	NPH Bedtime
Baseline mean	77.1	77.8	74.5	80.7	82	81
Mean change from baseline	0.7	0.1	0.4	3.9	3.7	2.9

**total number of patients evaluable for safety

* Intent to treat

† Not applicable

Five-year Trial Evaluating the Progression of Retinopathy

Retinopathy was evaluated in the LANTUS clinical studies by analysis of reported retinal adverse events and fundus photography. The numbers of retinal adverse events reported for LANTUS and NPH insulin treatment groups were similar for patients with type 1 and type 2 diabetes.

LANTUS was compared to NPH insulin in a 5-year randomized clinical trial that evaluated the progression of retinopathy as assessed with fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Scale (ETDRS). Patients had type 2 diabetes (mean age 55 yrs) with no (86%) or mild (14%) retinopathy at baseline. Mean baseline HbA1c was 8.4%. The primary outcome was progression by 3 or more steps on the ETDRS scale at study endpoint. Patients with pre-specified post-baseline eye procedures (pan-retinal photocoagulation for proliferative or severe nonproliferative diabetic retinopathy, local photocoagulation for new vessels, and vitrectomy for diabetic retinopathy) were also considered as 3-step progressors regardless of actual change in ETDRS score from baseline. Retinopathy graders were blinded to treatment group assignment. The results for the primary endpoint are shown in Table 13 for both the per-protocol and Intent-to-Treat populations, and indicate similarity of Lantus to NPH in the progression of diabetic retinopathy as assessed by this outcome.

Table 13: Number (%) of patients with 3 or more step progression on ETDRS scale at endpoint

	Lantus (%)	NPH (%)	Difference ^{*,†} (SE)	95% CI for difference
Per-protocol	53/374 (14.2%)	57/363 (15.7%)	-2.0% (2.6%)	-7.0% to +3.1%
Intent-to-Treat	63/502 (12.5%)	71/487 (14.6%)	- 2.1% (2.1%)	-6.3% to +2.1%

* Difference = Lantus – NPH

† using a generalized linear model (SAS GENMOD) with treatment and baseline HbA1c strata (cutoff 9.0%) as the classified independent variables, and with binomial distribution and identity link function

The Origin Study

The Outcome Reduction with Initial Glargine Intervention trial (i.e., ORIGIN) was an open-label, randomized, 2-by-2, factorial design study. One intervention in ORIGIN compared the effect of LANTUS to standard care on major adverse cardiovascular outcomes in 12,537 participants \geq 50 years of age with abnormal glucose levels [i.e., impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT)] or early type 2 diabetes mellitus and established cardiovascular (i.e., CV) disease or CV risk factors at baseline.

The objective of the trial was to demonstrate that LANTUS use could significantly lower the risk of major cardiovascular outcomes compared to standard care. Two co-primary composite cardiovascular endpoints were used in ORIGIN. The first co-primary endpoint was the time to first occurrence of a major adverse cardiovascular event defined as the composite of CV death, nonfatal myocardial infarction and nonfatal stroke. The second co-primary endpoint was the time to the first occurrence of CV death or nonfatal myocardial infarction or nonfatal stroke or revascularization procedure or hospitalization for heart failure.

Participants were randomized to either LANTUS (N=6264) titrated to a goal fasting plasma glucose of \leq 95 mg/dL or to standard care (N=6273). Anthropometric and disease characteristics were balanced at baseline. The mean age was 64 years and 8% of participants were 75 years of age or older. The majority of participants were male (65%). Fifty nine percent were Caucasian, 25% were Latin, 10% were Asian and 3% were Black. The median baseline BMI was 29 kg/m². Approximately 12% of participants had abnormal glucose levels (IGT and/or IFG) at baseline and 88% had type 2 diabetes. For patients with type 2 diabetes, 59% were treated with a single oral antidiabetic drug, 23% had known diabetes but were on no antidiabetic drug and 6% were newly diagnosed during the screening procedure. The mean HbA1c (SD) at baseline was 6.5% (1.0). Fifty nine percent of participants had had a prior cardiovascular event and 39% had documented coronary artery disease or other cardiovascular risk factors.

Vital status was available for 99.9% and 99.8% of participants randomized to LANTUS and standard care respectively at end of trial. The median duration of follow-up was 6.2 years [range: 8 days to 7.9 years]. The mean HbA1c (SD) at the end of the trial was 6.5% (1.1) and 6.8% (1.2) in the LANTUS and standard care group respectively. The median dose of LANTUS at end of trial was 0.45 U/kg. Eighty-one percent of patients randomized to LANTUS were using LANTUS at end of the study. The mean change in body weight from baseline to the last treatment visit was 2.2 kg greater in the LANTUS group than in the standard care group.

Overall, the incidence of major adverse cardiovascular outcomes was similar between groups (see Table 14). All-cause mortality was also similar between groups.

Table 14: Cardiovascular Outcomes in ORIGIN - Time to First Event Analyses

	LANTUS N=6264	Standard Care N=6273	LANTUS vs Standard Care
	n (Events per 100 PY)	n (Events per 100 PY)	Hazard Ratio (95% CI)
Co-primary endpoints			
CV death, nonfatal myocardial infarction, or nonfatal stroke	1041 (2.9)	1013 (2.9)	1.02 (0.94, 1.11)
CV death, nonfatal myocardial infarction, nonfatal stroke, hospitalization for heart failure or revascularization procedure	1792 (5.5)	1727 (5.3)	1.04 (0.97, 1.11)
Components of co-primary endpoints			
CV death	580	576	1.00 (0.89, 1.13)
Myocardial Infarction (fatal or non-fatal)	336	326	1.03 (0.88, 1.19)
Stroke (fatal or non-fatal)	331	319	1.03 (0.89, 1.21)
Revascularizations	908	860	1.06 (0.96, 1.16)
Hospitalization for heart failure	310	343	0.90 (0.77, 1.05)

In the ORIGIN trial, the overall incidence of cancer (all types combined) or death from cancer (Table 15) was similar between treatment groups.

Table 15: Cancer Outcomes in ORIGIN - Time to First Event Analyses

	LANTUS N=6264	Standard Care N=6273	LANTUS vs Standard Care
	n (Events per 100 PY)	n (Events per 100 PY)	Hazard Ratio (95% CI)
Cancer endpoints			
Any cancer event (new or recurrent)	559 (1.56)	561 (1.56)	0.99 (0.88, 1.11)
New cancer events	524 (1.46)	535 (1.49)	0.96 (0.85, 1.09)
Death due to Cancer	189 (0.51)	201 (0.54)	0.94 (0.77, 1.15)

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16. HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

LANTUS (insulin glargine injection) is supplied as a solution containing 100 units per mL (U-100) of insulin glargine and is available in:

Dosage Unit/Strength	Package size	NDC # 0088
10 mL vials 100 Units/mL	Pack of 1	2220-33
3 mL SoloStar prefilled pen 100 Units/mL	package of 5	2219-05

Needles are not included in the packs.

BD Ultra-Fine™ needles¹ to be used in conjunction with SoloStar are sold separately and are manufactured by BD.

¹ The brands listed are the registered trademarks of their respective owners and are not trademarks of sanofi-aventis U.S. LLC

16.2 Storage

LANTUS should not be stored in the freezer and should not be allowed to freeze. Discard LANTUS if it has been frozen. Protect LANTUS from direct heat and light.

Storage conditions are summarized in the following table:

	Not in-use (unopened) Refrigerated (36°F – 46°F [2°C – 8°C])	Not in-use (unopened) Room Temperature (below 86°F [30°C])	In-use (opened) (See Temperature Below)
10 mL Vial	Until expiration date	28 days	28 days Refrigerated or room temperature
3 mL SoloStar prefilled pen	Until expiration date	28 days	28 days Room temperature only (Do not refrigerate)

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17. PATIENT COUNSELING INFORMATION

Advise the patient to read FDA-approved patient labeling (Patient Information and Instructions for Use).

Never Share a LANTUS SoloStar Prefilled Pen or Syringe between Patients

Advise patients that they must never share a LANTUS SoloStar prefilled pen with another person, even if the needle is changed. Advise patients using LANTUS vials not to reuse or share needles or syringes with another person. Sharing carries a risk for transmission of blood-borne pathogens [see *Warnings and Precautions* (5.1)].

Hyperglycemia or Hypoglycemia *[see Warnings and Precautions (5.2), (5.3)]*

Inform patients that hypoglycemia is the most common adverse reaction with insulin. Inform patients of the symptoms of hypoglycemia. Inform patients that the ability to concentrate and react may be impaired as a result of hypoglycemia. This may present a risk in situations where these abilities are especially important, such as driving or operating other machinery. Advise patients who have frequent hypoglycemia or reduced or absent warning signs of hypoglycemia to use caution when driving or operating machinery.

Advise patients that changes in insulin regimen can predispose to hyper- or hypoglycemia.

Advise patients that changes in insulin regimen should be made under close medical supervision.

Medications Errors *[see Warnings and Precautions (5.4)]*

Instruct patients to always check the insulin label before each injection..

Administration *[see Dosage and Administration (2)]*

Advise patients that LANTUS must NOT be diluted or mixed with any other insulin or solution and that LANTUS must only be used if the solution is clear and colorless with no particles visible.

Management of Hypoglycemia and handling of Special Situations

Instruct patients on self-management procedures including glucose monitoring, proper injection technique, and management of hypoglycemia and hyperglycemia.

Instruct patients on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, and skipped meals.

Pregnancy

Advise patients to inform their health care professional if they are pregnant or are contemplating pregnancy.

Refer patients to the LANTUS "Patient Information" for additional information about the potential side effects of insulin therapy, including lipodystrophy (and the need to rotate injection sites within the same body region), weight gain, allergic reactions, and hypoglycemia.

FDA Approved Patient Labeling

See attached document at end of Full Prescribing Information.

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Bridgewater, NJ 08807
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<p style="text-align: center;">Patient Information LANTUS® (LAN-tus) (insulin glargine injection) for subcutaneous use, 100 Units/mL (U-100)</p>
<p>Do not share your syringes with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.</p> <p>What is LANTUS?</p> <p>LANTUS is a long-acting man-made-insulin used to control high blood sugar in adults with diabetes mellitus.</p> <ul style="list-style-type: none"> • LANTUS is not for use to treat diabetic ketoacidosis. • It is not known if LANTUS is safe and effective in children less than 6 years of age with type 1 diabetes. • It is not known if LANTUS is safe and effective in children with type 2 diabetes.
<p>Who should not use LANTUS?</p> <p>Do not use LANTUS if you:</p> <ul style="list-style-type: none"> • are having an episode of low blood sugar (hypoglycemia) • have an allergy to insulin glargine or any of the ingredients in LANTUS. See the end of this Patient Information leaflet for a complete list of ingredients in LANTUS.
<p>What should I tell my healthcare provider before using LANTUS?</p> <p>Before using LANTUS, tell your healthcare provider about all your medical conditions including if you:</p> <ul style="list-style-type: none"> • have liver or kidney problems • take other medicines, especially ones called TZDs (thiazolidinediones) • have heart failure or other heart problems. If you have heart failure, it may get worse while you take TZDs with LANTUS. • are pregnant, planning to become pregnant, or are breastfeeding. It is not known if LANTUS may harm your unborn baby or breastfeeding baby. <p>Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements.</p> <p>Before you start using LANTUS, talk to your healthcare provider about low blood sugar and how to manage it.</p>
<p>How should I use LANTUS?</p> <ul style="list-style-type: none"> • Read the detailed Instructions for Use that come with your LANTUS insulin. • Use LANTUS exactly as your healthcare provider tells you to. Your healthcare provider should tell you how much LANTUS to use and when to use it. • Know the amount of LANTUS you use. Do not change the amount of LANTUS you use unless your healthcare provider tells you to. • Check your insulin label each time you give your injection to make sure you are using the correct insulin. • Do not re-use needles. Always use a new needle for each injection. Re-use of needles increases your risk of having blocked needles, which may cause you to get the wrong dose of LANTUS. Using a new needle for each injection lowers your risk of getting an infection. • You may take LANTUS at any time during the day but you must take it at the same time every day.

- Only use LANTUS that is clear and colorless. If your LANTUS is cloudy or slightly colored, return it to your pharmacy for a replacement.
- LANTUS is injected under your skin (subcutaneously). Do not use LANTUS in an insulin pump or inject LANTUS into your vein (intravenously).
- Change (rotate) injection sites within the area you chose with each dose. Do not use the exact spot for each injection.
- Do not mix LANTUS with any other type of insulin or liquid medicine.
- Check your blood sugar levels. Ask your healthcare provider what your blood sugar should be and when you should check your blood sugar levels.

Keep LANTUS and all medicines out of the reach of children.

Your dose of LANTUS may need to change because of:

- a change in level of physical activity or exercise, weight gain or loss, increased stress, illness, change in diet, or because of the medicines you take.

What should I avoid while using LANTUS?

While using LANTUS do not:

- drive or operate heavy machinery, until you know how LANTUS affects you
- drink alcohol or use over-the counter medicines that contain alcohol

What are the possible side effects of LANTUS and other insulins?

LANTUS may cause serious side effects that can lead to death, including:

- **low blood sugar (hypoglycemia).** Signs and symptoms that may indicate low blood sugar include:
 - dizziness or light-headedness, sweating, confusion, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability or mood change, hunger
- **severe allergic reaction (whole body reaction).** Get medical help right away if you have any of these signs or symptoms of a severe allergic reaction:
 - a rash over your whole body, trouble breathing, a fast heartbeat, or sweating
- **low potassium in your blood (hypokalemia).**
- **Heart failure.** Taking certain diabetes pills called TZDs (thiazolidinediones) with LANTUS may cause heart failure in some people. This can happen even if you have never had heart failure or heart problems before. If you already have heart failure it may get worse while you take TZDs with LANTUS. Your healthcare provider should monitor you closely while you are taking TZDs with LANTUS. Tell your healthcare provider if you have any new or worse symptoms of heart failure including:
 - shortness of breath, swelling of your ankles or feet, sudden weight gain
 Treatment with TZDs and LANTUS may need to be changed or stopped by your healthcare provider if you have new or worse heart failure.

Get emergency medical help if you have:

- trouble breathing; shortness of breath; fast heartbeat; swelling of your face, tongue, or throat; sweating; extreme drowsiness; dizziness; confusion.

The most common side effects of LANTUS include:

- low blood sugar (hypoglycemia); weight gain; allergic reactions, including reactions at your injection site; skin thickening or pits at the injection site (lipodystrophy).

These are not all the possible side effects of LANTUS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of LANTUS.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use LANTUS for a condition for which it was not prescribed. It may harm them.

This Patient Information leaflet summarizes the most important information about LANTUS. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about LANTUS that is written for healthcare professionals. For more information, go to www.lantus.com or call 1-800-633-1610.

What are the ingredients in LANTUS?

- **Active ingredient:** insulin glargine
- **10 mL vial inactive ingredients:** zinc, m-cresol, glycerol, polysorbate, and water for injection

Manufactured By: sanofi-aventis U.S. LLC, Bridgewater, NJ 08807

This Patient Information has been approved by the U.S. Food and Drug Administration

Approved: July/2015

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Instructions for Use LANTUS® (LAN-tus)

(insulin glargine injection) for subcutaneous use
10 mL Vial (100 Units/mL, U-100)

Read the Instructions for Use before you start taking LANTUS and each time you get a new LANTUS vial. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

Do not share your LANTUS syringes with other people even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

Supplies needed to give your injection:

- a LANTUS 10 mL vial
- a U-100 insulin syringe and needle
- 2 alcohol swabs
- 1 sharps container for throwing away used needles and syringes. See "Disposing of used needles and syringes" at the end of these instructions.

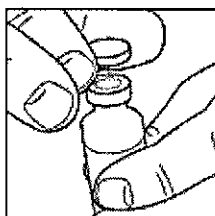
Preparing your LANTUS dose:

- Wash your hands with soap and water or with alcohol.
- Check the LANTUS label to make sure you are taking the right type of insulin. This is especially important if you use more than 1 type of insulin.
- Check the insulin to make sure it is clear and colorless. **Do not** use LANTUS if it is colored or cloudy, or if you see particles in the solution.

- **Do not use LANTUS** after the expiration date stamped on the label or 28 days after you first use it.
- **Always use a syringe that is marked for U-100 insulin.** If you use a syringe other than a U-100 insulin syringe, you may get the wrong dose of insulin.
- **Always use a new syringe or needle for each injection.** Do not reuse or share your syringes or needles with other people. You may give other people a serious infection or get a serious infection from them.

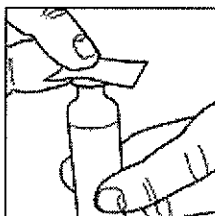
Step 1:

If you are using a new vial, remove the protective cap. Do not remove the stopper.



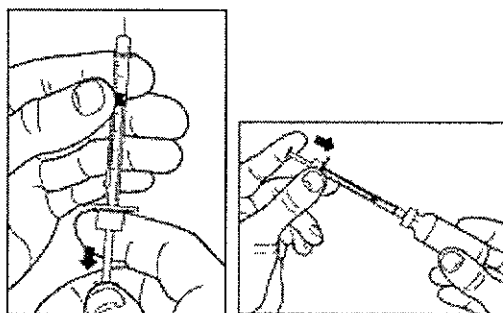
Step 2:

Wipe the top of the vial with an alcohol swab. You do not have to shake the vial of LANTUS before use.



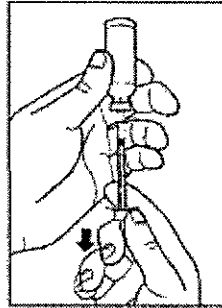
Step 3:

Draw air into the syringe equal to your insulin dose. Put the needle through the rubber top of the vial and push the plunger to inject the air into the vial.



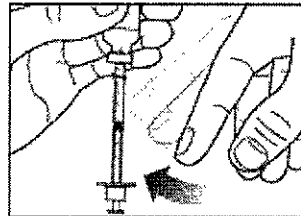
Step 4:

Leave the syringe in the vial and turn both upside down. Hold the syringe and vial firmly in one hand. Make sure the tip of the needle is in the insulin. With your free hand, pull the plunger to withdraw the correct dose into the syringe.



Step 5:

Before you take the needle out of the vial, check the syringe for air bubbles. If bubbles are in the syringe, hold the syringe straight up and tap the side of the syringe until the bubbles float to the top. Push the bubbles out with the plunger and draw insulin back in until you have the correct dose.



Step 6:

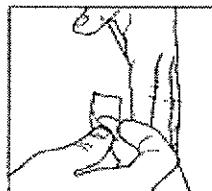
Remove the needle from the vial. Do not let the needle touch anything. You are now ready to inject.

Giving your LANTUS injection:

- Inject your insulin exactly as your healthcare provider has shown you.
- Change (rotate) your injection site for each injection.

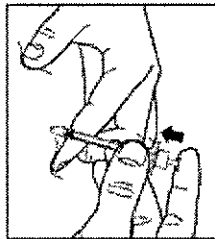
Step 7:

Choosing your injection site: LANTUS is injected under the skin (subcutaneously) of your upper arm, thigh, or stomach area (abdomen). Wipe the skin with an alcohol swab to clean the injection site. Let the injection site dry before you inject your dose.



Step 8:

- Pinch the skin.
- Insert the needle in the way your healthcare provider showed you.
- Release the skin.
- Slowly push in the plunger of the syringe all the way, making sure you have injected all the insulin.
- Leave the needle in the skin for about 10 seconds.



Step 9:

- Pull the needle straight out of your skin.
- Gently press the injection site for several seconds. **Do not** rub the area.
- **Do not** recap the used needle. Recapping the needle can lead to a needle stick injury.

Disposing of used needles and syringes:

- Put your used needles and syringes in a FDA-cleared sharps disposal container right away after use. **Do not** throw away (dispose of) loose needles and syringes in your household trash.
- If you do not have a FDA-cleared sharps container, you may use a household container that is:
 - made of a heavy-duty plastic,
 - can be closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
 - upright and stable during use,
 - leak resistant, and
 - properly labeled to warn of hazardous waste inside the container.
- When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container. There may be state or local laws about how you should throw away used needles and syringes. For more information about safe sharps disposal, and for specific information about sharps disposal in the state that

you live in, go to the FDA's website at:
<http://www.fda.gov/safesharpsdisposal>.

- Do not dispose of your used sharps disposal container in your household trash unless your community guidelines permit this. Do not recycle your used sharps disposal container.

How should I store LANTUS?

- Store unused LANTUS vials in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Store in-use (opened) LANTUS vials in a refrigerator or at room temperature below 86°F (30°C).
- Do not freeze LANTUS.
- Keep LANTUS out of direct heat and light.
- If a vial has been frozen or overheated, throw it away.
- The LANTUS vials you are using should be thrown away after 28 days, even if it still has insulin left in it.

This Instructions for Use have been approved by the U.S. Food and Drug Administration. Revised: July/2015

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<p align="center">Patient Information LANTUS® (LAN-tus) (insulin glargine injection) for subcutaneous use, 100 Units/mL (U-100)</p>
<p>Do not share your LANTUS SoloStar® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.</p> <p>What is LANTUS? LANTUS is a long-acting man-made insulin used to control high blood sugar in adults with diabetes mellitus.</p> <ul style="list-style-type: none"> • LANTUS is not for use to treat diabetic ketoacidosis. • It is not known if LANTUS is safe and effective in children less than 6 years of age with type 1 diabetes. • It is not known if LANTUS is safe and effective in children with type 2 diabetes.
<p>Who should not use LANTUS? Do not use LANTUS if you:</p> <ul style="list-style-type: none"> • are having an episode of low blood sugar (hypoglycemia) • have an allergy to insulin glargine or any of the ingredients in LANTUS. See the end of this Patient Information leaflet for a complete list of ingredients in LANTUS.
<p>What should I tell my healthcare provider before using LANTUS? Before using LANTUS, tell your healthcare provider about all your medical conditions including if you:</p> <ul style="list-style-type: none"> • have liver or kidney problems • take other medicines, especially ones called TZDs (thiazolidinediones) • have heart failure or other heart problems. If you have heart failure, it may get worse while you take TZDs with LANTUS.

- are pregnant, planning to become pregnant, or are breastfeeding. It is not known if LANTUS may harm your unborn baby or breastfeeding baby.

Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Before you start using LANTUS, talk to your healthcare provider about low blood sugar and how to manage it.

How should I use LANTUS?

- Read the detailed **Instructions for Use** that come with your LANTUS SoloStar disposable prefilled pen.
- Use LANTUS exactly as your healthcare provider tells you to. Your healthcare provider should tell you how much LANTUS to use and when to use it.
- Know the amount of LANTUS you use. **Do not** change the amount of LANTUS you use unless your healthcare provider tells you to.
- Check your insulin label each time you give your injection to make sure you are using the correct insulin.
- LANTUS comes in a SoloStar disposable prefilled pen that you must use to give your LANTUS. The dose counter on your pen shows your dose of LANTUS. Do not make any dose changes unless your healthcare provider tells you to.
- **Do not** use a syringe to remove LANTUS from your SoloStar disposable prefilled pen.
- **Do not** re-use needles. Always use a new needle for each injection. Re-use of needles increases your risk of having blocked needles, which may cause you to get the wrong dose of LANTUS. Using a new needle for each injection lowers your risk of getting an infection. If your needle is blocked, follow the instructions in **Step 3** of the **Instructions for Use**.
- You may take LANTUS at any time during the day but you must take it at the same time every day.
- LANTUS is injected under your skin (subcutaneously). Do not use LANTUS in an insulin pump or inject LANTUS into your vein (intravenously).
- Change (rotate) injection your sites within area you chose with each dose. Do not use the exact spot for each injection
- **Do not** mix LANTUS with any other type of insulin or liquid medicine.
- **Check your blood sugar levels.** Ask your healthcare provider what your blood sugar should be and when you should check your blood sugar levels.

Keep LANTUS and all medicines out of the reach of children.

Your dose of LANTUS may need to change because of:

- a change in level of physical activity or exercise, weight gain or loss, increased stress, illness, change in diet, or because of the medicines you take.

What should I avoid while using LANTUS?

While using LANTUS do not:

- drive or operate heavy machinery, until you know how LANTUS affects you
- drink alcohol or use over-the-counter medicines that contain alcohol

What are the possible side effects of LANTUS and other insulins?

LANTUS may cause serious side effects that can lead to death, including:

- **low blood sugar (hypoglycemia).** Signs and symptoms that may indicate low blood sugar include:
 - dizziness or light-headedness, sweating, confusion, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability or mood change, hunger

- **severe allergic reaction (whole body reaction).** Get medical help right away if you have any of these signs or symptoms of a severe allergic reaction:
 - a rash over your whole body, trouble breathing, a fast heartbeat, or sweating
- **low potassium in your blood (hypokalemia).**
- **Heart failure.** Taking certain diabetes pills called TZDs (thiazolidinediones) with LANTUS may cause heart failure in some people. This can happen even if you have never had heart failure or heart problems before. If you already have heart failure it may get worse while you take TZDs with LANTUS. Your healthcare provider should monitor you closely while you are taking TZDs with LANTUS. Tell your healthcare provider if you have any new or worse symptoms of heart failure including:
 - shortness of breath, swelling of your ankles or feet, sudden weight gain
 Treatment with TZDs and LANTUS may need to be changed or stopped by your healthcare provider if you have new or worse heart failure.

Get emergency medical help if you have:

- trouble breathing; shortness of breath; fast heartbeat; swelling of your face, tongue, or throat; sweating; extreme drowsiness; dizziness; confusion.

The most common side effects of LANTUS include:

- low blood sugar (hypoglycemia); weight gain; allergic reactions, including reactions at your injection site; skin thickening or pits at the injection site (lipodystrophy).

These are not all the possible side effects of LANTUS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of LANTUS.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use LANTUS for a condition for which it was not prescribed. It may harm them.

This Patient Information leaflet summarizes the most important information about LANTUS. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about LANTUS that is written for healthcare professionals. For more information about LANTUS call 1-800-633-1610 or go to the website www.lantus.com.

What are the ingredients in LANTUS?

- **Active ingredient:** insulin glargine
- **3 ml SoloStar prefilled pen inactive ingredients:** zinc, m-cresol, glycerol and water for injection

Hydrochloric acid and sodium hydroxide may be added to adjust the pH.

Manufactured By: sanofi-aventis U.S. LLC Bridgewater, NJ 08807

This Patient Information has been approved by the U.S. Food and Drug Administration

Approved: July/2015

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GLA-WFPLR-WPLR-AUG15

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HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use HUMALOG safely and effectively. See full prescribing information for HUMALOG.

HUMALOG (insulin lispro Injection), for subcutaneous or intravenous use

Initial U.S. Approval: 1996

RECENT MAJOR CHANGES

Dosage and Administration (2.1, 2.2, 2.3, 2.4)	05/2015
Warnings and Precautions	
Never Share a Humalog KwikPen, Cartridge, Reusable Pen Compatible with Lilly 3 mL Cartridges, or Syringe Between Patients (5.1)	02/2015
Hypoglycemia Due to Medication Errors (5.4)	05/2015

INDICATIONS AND USAGE

HUMALOG is a rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. (1)

DOSAGE AND ADMINISTRATION

- See Full Prescribing Information for important administration instructions. (2.1, 2.2, 2.3, 2.4)
- Subcutaneous injection: Administer HUMALOG® U-100 or U-200 by subcutaneous injection within 15 minutes before a meal or immediately after a meal. (2.2)
- Continuous subcutaneous infusion (Insulin Pump): Administer HUMALOG U-100 by continuous subcutaneous infusion using an insulin pump. DO NOT administer HUMALOG U-200 by continuous subcutaneous infusion. (2.2)
- Intravenous Infusion: Administer HUMALOG U-100 by intravenous infusion ONLY after dilution and under medical supervision. DO NOT administer HUMALOG U-200 by intravenous infusion. (2.2)
- The dosage of HUMALOG must be individualized based on the route of administration and the individual's metabolic needs, blood glucose monitoring results and glycemic control goal. (2.3)
- Do not perform dose conversion when using the HUMALOG U-100 or U-200 KwikPens. The dose window shows the number of insulin units to be delivered and no conversion is needed. (2.1, 2.3)
- Do not mix HUMALOG U-200 with any other insulin. (2.4)

DOSAGE FORMS AND STRENGTHS

HUMALOG 100 units/mL (U-100) is available as: (3)

- 10 mL vials
- 3 mL vials
- 3 mL Humalog KwikPen® (prefilled)
- 3 mL cartridges

HUMALOG 200 units/mL (U-200) is available as: (3)

- 3 mL Humalog KwikPen® (prefilled)

CONTRAINDICATIONS

- Do not use during episodes of hypoglycemia. (4)

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

- 2.1 Important Administration Instructions
- 2.2 Route of Administration
- 2.3 Dosage Information
- 2.4 Dosage Adjustment Due to Drug Interactions

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- 5.1 Never Share a HUMALOG KwikPen, Cartridge, Reusable Pen Compatible with Lilly 3 mL Cartridges¹, or Syringe Between Patients
- 5.2 Hyper- or Hypoglycemia with Changes in Insulin Regimen
- 5.3 Hypoglycemia
- 5.4 Hypoglycemia Due to Medication Errors
- 5.5 Hypersensitivity Reactions

- Do not use in patients with hypersensitivity to HUMALOG or any of its excipients. (4)

WARNINGS AND PRECAUTIONS

- Never share a HUMALOG KwikPen, cartridge, reusable pen compatible with Lilly 3 mL cartridges, or syringe between patients, even if the needle is changed. (5.1)
- Hyper- or Hypoglycemia with Changes in Insulin Regimen: Carry out under close medical supervision and increase frequency of blood glucose monitoring. (5.2)
- Hypoglycemia: May be life-threatening. Monitor blood glucose and increase monitoring frequency with changes to insulin dosage, use of glucose lowering medications, meal pattern, physical activity; in patients with renal or hepatic impairment; and in patients with hypoglycemia unawareness. (5.3, 7, 8.6, 8.7)
- Hypoglycemia Due to Medication Errors: Accidental mix-ups between insulin products can occur. Instruct patients to check insulin labels before injection. Do not transfer HUMALOG U-200 from the HUMALOG KwikPen to a syringe as overdosage and severe hypoglycemia can result. (5.4)
- Hypersensitivity Reactions: May be life-threatening. Discontinue HUMALOG, monitor and treat if indicated. (5.5)
- Hypokalemia: May be life-threatening. Monitor potassium levels in patients at risk of hypokalemia and treat if indicated. (5.6)
- Fluid Retention and Heart Failure with Concomitant Use of Thiazolidinediones (TZDs): Observe for signs and symptoms of heart failure; consider dosage reduction or discontinuation if heart failure occurs. (5.7)
- Hyperglycemia and Ketoacidosis Due to Insulin Pump Device Malfunction: Monitor glucose and administer HUMALOG U-100 by subcutaneous injection if pump malfunction occurs. (5.8)

ADVERSE REACTIONS

Adverse reactions associated with HUMALOG include hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, and rash. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Eli Lilly and Company at 1-800-LillyRx (1-800-545-5979) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Drugs that Affect Glucose Metabolism: Adjustment of insulin dosage may be needed. (7.1, 7.2, 7.3)
- Anti-Adrenergic Drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine): Signs and symptoms of hypoglycemia may be reduced or absent. (5.3, 7.4)

USE IN SPECIFIC POPULATIONS

Pediatrics: Not studied in children with type 2 diabetes or in children with type 1 diabetes <3 years of age. (8.4)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 11/2015

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- 5.7 Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists
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* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

HUMALOG is a rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

- Always check insulin labels before administration [see *Warnings and Precautions* (5.4)].
- Inspect HUMALOG visually before use. It should appear clear and colorless. Do not use HUMALOG if particulate matter or coloration is seen.
- Do NOT mix HUMALOG U-100 with other insulins when administering using a continuous subcutaneous infusion pump.
- Do NOT transfer HUMALOG U-200 from the KwikPen to a syringe for administration [see *Warnings and Precautions* (5.4)].
- Do NOT perform dose conversion when using either the HUMALOG U-100 or U-200 KwikPens. **The dose window shows the number of insulin units to be delivered and no conversion is needed.**
- Do NOT mix HUMALOG U-200 with any other insulins.
- Do NOT administer HUMALOG U-200 using a continuous subcutaneous infusion pump (i.e., insulin pump).
- Do NOT administer HUMALOG U-200 intravenously.

2.2 Route of Administration

Subcutaneous Injection: HUMALOG U-100 or U-200

- Administer the dose of HUMALOG U-100 or HUMALOG U-200 within fifteen minutes before a meal or immediately after a meal by injection into the subcutaneous tissue of the abdominal wall, thigh, upper arm, or buttocks. To reduce the risk of lipodystrophy, rotate the injection site within the same region from one injection to the next [see *Adverse Reactions* (6)].
- HUMALOG administered by subcutaneous injection should generally be used in regimens with an intermediate- or long-acting insulin.

Continuous Subcutaneous Infusion (Insulin Pump): HUMALOG U-100 ONLY

- Do NOT administer HUMALOG U-200 using a continuous subcutaneous infusion pump.
- Administer HUMALOG U-100 by continuous subcutaneous infusion into the subcutaneous tissue of the abdominal wall. Rotate infusion sites within the same region to reduce the risk of lipodystrophy [see *Adverse Reactions* (6.1)].
- Follow healthcare professional recommendations when setting basal and meal time infusion rate.
- Do NOT dilute or mix HUMALOG U-100 when administering by continuous subcutaneous infusion.
- Change HUMALOG U-100 in the pump reservoir at least every 7 days.
- Change the infusion sets and the infusion set insertion site at least every 3 days.
- Do NOT expose HUMALOG U-100 in the pump reservoir to temperatures greater than 98.6°F (37°C).
- Use HUMALOG U-100 in pump systems suitable for insulin infusion [see *Patient Counseling Information* (17.7)].

Intravenous Administration: HUMALOG U-100 ONLY

- Do NOT administer HUMALOG U-200 intravenously.

- Dilute HUMALOG U-100 to concentrations from 0.1 unit/mL to 1.0 unit/mL using 0.9% sodium chloride.
- Administer HUMALOG U-100 intravenously **ONLY** under medical supervision with close monitoring of blood glucose and potassium levels to avoid hypoglycemia and hypokalemia [see *Warnings and Precautions* (5.3, 5.6) and *How Supplied/Storage and Handling* (16.4)].

2.3 Dosage Information

- Individualize and adjust the dosage of HUMALOG based on route of administration, the individual's metabolic needs, blood glucose monitoring results and glycemic control goal.
- Dosage adjustments may be needed with changes in physical activity, changes in meal patterns (i.e., macronutrient content or timing of food intake), changes in renal or hepatic function or during acute illness [see *Warnings and Precautions* (5.2, 5.3) and *Use in Specific Populations* (8.6, 8.7)].
- Do NOT perform dose conversion when using either the HUMALOG U-100 or U-200 KwikPens. The dose window shows the number of insulin units to be delivered and no conversion is needed.

2.4 Dosage Adjustment Due to Drug Interactions

- Dosage adjustment may be needed when HUMALOG is coadministered with certain drugs [see *Drug Interactions* (7)].
- Dosage adjustment may be needed when switching from another insulin to HUMALOG [see *Warnings and Precautions* (5.2)].
- Instructions for Mixing with Other Insulins

HUMALOG U-100 subcutaneous injection route	<ul style="list-style-type: none"> • HUMALOG U-100 may be mixed with NPH insulin preparations ONLY. • If HUMALOG U-100 is mixed with NPH insulin, HUMALOG U-100 should be drawn into the syringe first. Injection should occur immediately after mixing.
HUMALOG U-100 continuous subcutaneous infusion route (Insulin Pump)	<ul style="list-style-type: none"> • Do NOT mix HUMALOG U-100 with any other insulin.
HUMALOG U-200 subcutaneous injection route	<ul style="list-style-type: none"> • Do NOT mix with any other insulin.

3 DOSAGE FORMS AND STRENGTHS

HUMALOG 100 units per mL (U-100) is available as:

- 10 mL vials
- 3 mL vials
- 3 mL Humalog KwikPen (prefilled)
- 3 mL cartridges

HUMALOG 200 units per mL (U-200) is available as:

- 3 mL Humalog KwikPen (prefilled)

4 CONTRAINDICATIONS

HUMALOG is contraindicated:

- during episodes of hypoglycemia
- in patients who are hypersensitive to HUMALOG or to any of its excipients.

5 WARNINGS AND PRECAUTIONS

5.1 Never Share a HUMALOG KwikPen, Cartridge, Reusable Pen Compatible with Lilly 3 mL Cartridges¹, or Syringe Between Patients

HUMALOG KwikPens, cartridges, and reusable pens compatible with Lilly 3 mL cartridges must never be shared between patients, even if the needle is changed. Patients using HUMALOG vials must never share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens.

5.2 Hyper- or Hypoglycemia with Changes in Insulin Regimen

Changes in insulin strength, manufacturer, type, or method of administration may affect glycemic control and predispose to hypoglycemia [see *Warnings and Precautions* (5.3)] or hyperglycemia. These changes should be made cautiously and under close medical supervision and the frequency of blood glucose monitoring should be increased.

5.3 Hypoglycemia

Hypoglycemia is the most common adverse reaction associated with insulins, including HUMALOG. Severe hypoglycemia can cause seizures, may be life-threatening, or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g., driving or operating other machinery).

Hypoglycemia can happen suddenly and symptoms may differ in each individual and change over time in the same individual. Symptomatic awareness of hypoglycemia may be less pronounced in patients with longstanding diabetes, in patients with diabetic nerve disease, in patients using medications that block the sympathetic nervous system (e.g., beta-blockers) [see *Drug Interactions* (7)], or in patients who experience recurrent hypoglycemia.

Risk Factors for Hypoglycemia

The risk of hypoglycemia after an injection is related to the duration of action of the insulin and, in general, is highest when the glucose lowering effect of the insulin is maximal. As with all insulin preparations, the glucose lowering effect time course of HUMALOG may vary in different individuals or at different times in the same individual and depends on many conditions, including the area of injection as well as the injection site blood supply and temperature [see *Clinical Pharmacology* (12.2)]. Other factors which may increase the risk of hypoglycemia include changes in meal pattern (e.g., macronutrient content or timing of meals), changes in level of physical activity, or changes to co-administered medication [see *Drug Interactions* (7)]. Patients with renal or hepatic impairment may be at higher risk of hypoglycemia [see *Use in Specific Populations* (8.6, 8.7)].

Risk Mitigation Strategies for Hypoglycemia

Patients and caregivers must be educated to recognize and manage hypoglycemia. Self-monitoring of blood glucose plays an essential role in the prevention and management of hypoglycemia. In patients at higher risk for hypoglycemia and patients who have reduced symptomatic awareness of hypoglycemia, increased frequency of blood glucose monitoring is recommended.

5.4 Hypoglycemia Due to Medication Errors

Accidental mix-ups between basal insulin products and other insulins, particularly rapid-acting insulins, have been reported. To avoid medication errors between HUMALOG and other insulins, instruct patients to always check the insulin label before each injection.

Do not transfer HUMALOG U-200 from the HUMALOG KwikPen to a syringe. The markings on the insulin syringe will not measure the dose correctly and can result in overdosage and severe hypoglycemia [see *Dosage and Administration* (2.1) and *Warnings and Precautions* (5.3)].

5.5 Hypersensitivity Reactions

Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including HUMALOG. If hypersensitivity reactions occur, discontinue HUMALOG; treat per standard of care and monitor until symptoms and signs resolve [see *Adverse Reactions* (6.1)]. HUMALOG is contraindicated in patients who have had hypersensitivity reactions to HUMALOG or any of its excipients [see *Contraindications* (4)].

5.6 Hypokalemia

All insulin products, including HUMALOG, cause a shift in potassium from the extracellular to intracellular space, possibly leading to hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Monitor potassium levels in patients at risk for hypokalemia if indicated (e.g., patients using potassium-lowering medications, patients taking medications sensitive to serum potassium concentrations).

5.7 Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists

Thiazolidinediones (TZDs), which are peroxisome proliferator-activated receptor (PPAR)-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin. Fluid retention may lead to or exacerbate heart failure. Patients treated with insulin, including HUMALOG, and a PPAR-gamma agonist should be observed for signs and symptoms of heart failure. If heart failure develops, it should be managed according to current standards of care, and discontinuation or dose reduction of the PPAR-gamma agonist must be considered.

5.8 Hyperglycemia and Ketoacidosis Due to Insulin Pump Device Malfunction

Malfunction of the insulin pump or insulin infusion set or insulin degradation can rapidly lead to hyperglycemia and ketoacidosis. Prompt identification and correction of the cause of hyperglycemia or ketosis is necessary. Interim subcutaneous injections with HUMALOG may be required. Patients using continuous subcutaneous insulin infusion pump therapy must be trained to administer insulin by injection and have alternate insulin therapy available in case of pump failure [see *How Supplied/Storage and Handling* (16.2) and *Patient Counseling Information* (17.7)].

6 ADVERSE REACTIONS

Observed with HUMALOG U-100

The following adverse reactions are discussed elsewhere:

- Hypoglycemia [see *Warnings and Precautions* (5.3)].
- Hypokalemia [see *Warnings and Precautions* (5.6)].

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying designs, the adverse reaction rates reported in one clinical trial may not be easily compared with those rates reported in another clinical trial, and may not reflect the rates actually observed in clinical practice.

The frequencies of Treatment-Emergent Adverse Events during HUMALOG clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus are listed in the tables below.

Table 1: Treatment-Emergent Adverse Events in Patients with Type 1 Diabetes Mellitus
(adverse events with frequency ≥5%)

Events, n (%)	Lispro (n=81)	Regular human insulin (n=86)
Flu syndrome	28 (34.6)	28 (32.6)
Pharyngitis	27 (33.3)	29 (33.7)
Rhinitis	20 (24.7)	25 (29.1)
Headache	24 (29.6)	19 (22.1)
Pain	16 (19.8)	14 (16.3)
Cough increased	14 (17.3)	15 (17.4)
Infection	11 (13.6)	18 (20.9)
Nausea	5 (6.2)	13 (15.1)
Accidental injury	7 (8.6)	10 (11.6)
Surgical procedure	5 (6.2)	12 (14.0)
Fever	5 (6.2)	10 (11.6)
Abdominal pain	6 (7.4)	7 (8.1)
Asthenia	6 (7.4)	7 (8.1)
Bronchitis	6 (7.4)	6 (7.0)
Diarrhea	7 (8.6)	5 (5.8)
Dysmenorrhea	5 (6.2)	6 (7.0)
Myalgia	6 (7.4)	5 (5.8)
Urinary tract infection	5 (6.2)	4 (4.7)

Table 2: Treatment-Emergent Adverse Events in Patients with Type 2 Diabetes Mellitus
(adverse events with frequency ≥5%)

Events, n (%)	Lispro (n=714)	Regular human insulin (n=709)
Headache	63 (11.6)	66 (9.3)
Pain	77 (10.8)	71 (10.0)
Infection	72 (10.1)	54 (7.6)
Pharyngitis	47 (6.6)	58 (8.2)
Rhinitis	58 (8.1)	47 (6.6)
Flu syndrome	44 (6.2)	58 (8.2)
Surgical procedure	53 (7.4)	48 (6.8)

Insulin initiation and intensification of glucose control

Intensification or rapid improvement in glucose control has been associated with a transitory, reversible ophthalmologic refraction disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Lipodystrophy

Long-term use of insulin, including HUMALOG, can cause lipodystrophy at the site of repeated insulin injections or infusion. Lipodystrophy includes lipohypertrophy (thickening of adipose tissue) and lipoatrophy (thinning of adipose tissue), and may affect insulin absorption. Rotate insulin injection or infusion sites within the same region to reduce the risk of lipodystrophy [see *Dosage and Administration* (2.2)].

Weight gain

Weight gain can occur with insulin therapy, including HUMALOG, and has been attributed to the anabolic effects of insulin and the decrease in glucosuria.

Peripheral Edema

Insulin, including HUMALOG, may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Adverse Reactions with Continuous Subcutaneous Insulin Infusion (CSII) — HUMALOG U-100

In a 12-week, randomized, crossover study in adult patients with type 1 diabetes (n=39), the rates of catheter occlusions and infusion site reactions were similar for HUMALOG U-100 and regular human insulin treated patients (see Table 3).

Table 3: Catheter Occlusions and Infusion Site Reactions

	HUMALOG U-100 (n=38)	Regular human insulin (n=39)
Catheter occlusions/month	0.09	0.10

Infusion site reactions	2.6% (1/38)	2.6% (1/39)
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In a randomized, 16-week, open-label, parallel design study of children and adolescents with type 1 diabetes, adverse event reports related to infusion-site reactions were similar for insulin lispro and insulin aspart (21% of 100 patients versus 17% of 198 patients, respectively). In both groups, the most frequently reported infusion site adverse events were infusion site erythema and infusion site reaction.

Allergic Reactions

Local Allergy — As with any insulin therapy, patients taking HUMALOG may experience redness, swelling, or itching at the site of the injection. These minor reactions usually resolve in a few days to a few weeks, but in some occasions, may require discontinuation of HUMALOG. In some instances, these reactions may be related to factors other than insulin, such as irritants in a skin cleansing agent or poor injection technique.

Systemic Allergy — Severe, life-threatening, generalized allergy, including anaphylaxis, may occur with any insulin, including HUMALOG. Generalized allergy to insulin may cause whole body rash (including pruritus), dyspnea, wheezing, hypotension, tachycardia, or diaphoresis.

In controlled clinical trials, pruritus (with or without rash) was seen in 17 patients receiving regular human insulin (n=2969) and 30 patients receiving HUMALOG (n=2944).

Localized reactions and generalized myalgias have been reported with injected metacresol, which is an excipient in HUMALOG [see *Contraindications* (4)].

Antibody Production

In large clinical trials with patients with type 1 (n=509) and type 2 (n=262) diabetes mellitus, anti-insulin antibody (insulin lispro-specific antibodies, insulin-specific antibodies, cross-reactive antibodies) formation was evaluated in patients receiving both regular human insulin and HUMALOG (including patients previously treated with human insulin and naive patients). As expected, the largest increase in the antibody levels occurred in patients new to insulin therapy. The antibody levels peaked by 12 months and declined over the remaining years of the study. These antibodies do not appear to cause deterioration in glycemic control or necessitate an increase in insulin dose. There was no statistically significant relationship between the change in the total daily insulin dose and the change in percent antibody binding for any of the antibody types.

6.2 Postmarketing Experience

HUMALOG U-100

The following additional adverse reactions have been identified during post-approval use of HUMALOG. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Medication errors in which other insulins have been accidentally substituted for HUMALOG have been identified during postapproval use [see *Patient Counseling Information* (17.4)].

7 DRUG INTERACTIONS

7.1 Drugs That May Increase the Risk of Hypoglycemia

The risk of hypoglycemia associated with HUMALOG use may be increased when co-administered with antidiabetic agents, salicylates, sulfonamide antibiotics, monoamine oxidase inhibitors, fluoxetine, pramlintide, disopyramide, fibrates, propoxyphene, pentoxifylline, ACE inhibitors, angiotensin II receptor blocking agents, and somatostatin analogs (e.g., octreotide). Dose adjustment and increased frequency of glucose monitoring may be required when HUMALOG is co-administered with these drugs.

7.2 Drugs That May Decrease the Blood Glucose Lowering Effect of HUMALOG

The glucose lowering effect of HUMALOG may be decreased when co-administered with corticosteroids, isoniazid, niacin, estrogens, oral contraceptives, phenothiazines, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline), somatropin, atypical antipsychotics, glucagon, protease inhibitors, and thyroid hormones. Dose adjustment and increased frequency of glucose monitoring may be required when HUMALOG is co-administered with these drugs.

7.3 Drugs That May Increase or Decrease the Blood Glucose Lowering Effect of HUMALOG

The glucose lowering effect of HUMALOG may be increased or decreased with co-administered with beta-blockers, clonidine, lithium salts, and alcohol. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia. Dose adjustment and increased frequency of glucose monitoring may be required when HUMALOG is co-administered with these drugs.

7.4 Drugs That May Blunt Signs and Symptoms of Hypoglycemia

The signs and symptoms of hypoglycemia [see *Warnings and Precautions* (5.3)] may be blunted when beta-blockers, clonidine, guanethidine, and reserpine are co-administered with HUMALOG.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category B. All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. This background risk is increased in pregnancies complicated by hyperglycemia and may be decreased with good metabolic control. It is essential for patients with diabetes or history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. In patients with diabetes or gestational diabetes insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in these patients. Therefore, female patients should be advised to tell their physicians if they intend to become, or if they become pregnant while taking HUMALOG.

Although there are limited clinical studies of the use of HUMALOG in pregnancy, published studies with human insulins suggest that optimizing overall glycemic control, including postprandial control, before conception and during pregnancy improves fetal outcome.

In a combined fertility and embryo-fetal development study, female rats were given subcutaneous insulin lispro injections of 5 and 20 units/kg/day (0.8 and 3 times the human subcutaneous dose of 1 unit/kg/day, based on units/body surface area, respectively) from 2 weeks prior to cohabitation through Gestation Day 19. There were no adverse effects on female fertility, implantation, or fetal viability and morphology. However, fetal growth retardation was produced at the 20 units/kg/day-dose as indicated by decreased fetal weight and an increased incidence of fetal runts/litter.

In an embryo-fetal development study in pregnant rabbits, insulin lispro doses of 0.1, 0.25, and 0.75 unit/kg/day (0.03, 0.08, and 0.24 times the human subcutaneous dose of 1 unit/kg/day, based on units/body surface area, respectively) were injected subcutaneously on Gestation days 7 through 19. There were no adverse effects on fetal viability, weight, and morphology at any dose.

8.3 Nursing Mothers

It is unknown whether insulin lispro is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when HUMALOG is administered to a nursing woman. Use of HUMALOG is compatible with breastfeeding, but women with diabetes who are lactating may require adjustments of their insulin doses.

8.4 Pediatric Use

HUMALOG is approved for use in children for subcutaneous daily injections [see *Clinical Studies* (14)]. Only the U-100 formulation of HUMALOG is approved for use in children by continuous subcutaneous infusion in insulin pumps. HUMALOG has not been studied in pediatric patients younger than 3 years of age. HUMALOG has not been studied in pediatric patients with type 2 diabetes.

As in adults, the dosage of HUMALOG must be individualized in pediatric patients based on metabolic needs and results of frequent monitoring of blood glucose.

8.5 Geriatric Use

Of the total number of subjects (n=2834) in eight clinical studies of HUMALOG, twelve percent (n=338) were 65 years of age or over. The majority of these had type 2 diabetes. HbA_{1c} values and hypoglycemia rates did not differ by age. Pharmacokinetic/pharmacodynamic studies to assess the effect of age on the onset of HUMALOG action have not been performed.

8.6 Renal Impairment

Patients with renal impairment may be at increased risk of hypoglycemia and may require more frequent HUMALOG dose adjustment and more frequent blood glucose monitoring [see *Clinical Pharmacology* (12.3)].

8.7 Hepatic Impairment

Patients with hepatic impairment may be at increased risk of hypoglycemia and may require more frequent HUMALOG dose adjustment and more frequent blood glucose monitoring [see *Clinical Pharmacology* (12.3)].

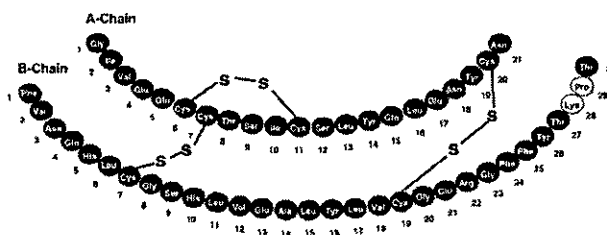
10 OVERDOSAGE

Excess insulin administration may cause hypoglycemia and hypokalemia. Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise may be needed. More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. Sustained carbohydrate intake and observation may be necessary because hypoglycemia may recur after apparent clinical recovery. Hypokalemia must be corrected appropriately.

11 DESCRIPTION

HUMALOG® (insulin lispro injection) is a rapid-acting human insulin analog used to lower blood glucose. Insulin lispro is produced by recombinant DNA technology utilizing a non-pathogenic laboratory strain of *Escherichia coli*. Insulin lispro differs from human insulin in that the amino acid proline at position B28 is replaced by lysine and the lysine in position B29 is replaced by proline. Chemically, it is Lys(B28), Pro(B29) human insulin analog and has the empirical formula C₂₅₇H₃₈₃N₆₅O₇₇S₆ and a molecular weight of 5808, both identical to that of human insulin.

HUMALOG has the following primary structure:



HUMALOG is a sterile, aqueous, clear, and colorless solution. Each milliliter of HUMALOG U-100 contains insulin lispro 100 units, 16 mg glycerin, 1.88 mg dibasic sodium phosphate, 3.15 mg Metacresol, zinc oxide content adjusted to provide 0.0197 mg zinc ion, trace amounts of phenol, and Water for Injection. Insulin lispro has a pH of 7.0 to 7.8. The pH is adjusted by addition of aqueous solutions of hydrochloric acid 10% and/or sodium hydroxide 10%. Each milliliter of HUMALOG U-200 contains insulin lispro 200 units, 16 mg glycerin, 5 mg tromethamine, 3.15 mg Metacresol, zinc oxide content adjusted to provide 0.046 mg zinc ion, trace amounts of phenol, and Water for Injection. Insulin lispro has a pH of 7.0 to 7.8. The pH is adjusted by addition of aqueous solutions of hydrochloric acid 10% and/or sodium hydroxide 10%.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Regulation of glucose metabolism is the primary activity of insulins and insulin analogs, including insulin lispro. Insulins lower blood glucose by stimulating peripheral glucose uptake by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulins inhibit lipolysis and proteolysis, and enhance protein synthesis.

12.2 Pharmacodynamics

HUMALOG has been shown to be equipotent to human insulin on a molar basis. One unit of HUMALOG has the same glucose-lowering effect as one unit of regular human insulin. Studies in normal volunteers and patients with diabetes demonstrated that HUMALOG has a more rapid onset of action and a shorter duration of activity than regular human insulin when given subcutaneously.

The time course of action of insulin and insulin analogs, such as HUMALOG, may vary considerably in different individuals or within the same individual. The parameters of HUMALOG activity (time of onset, peak time, and duration) as designated in Figure 1 should be considered only as general guidelines. The rate of insulin absorption, and consequently the onset of activity are known to be affected by the site of injection, exercise, and other variables [see *Warnings and Precautions* (5.2)].

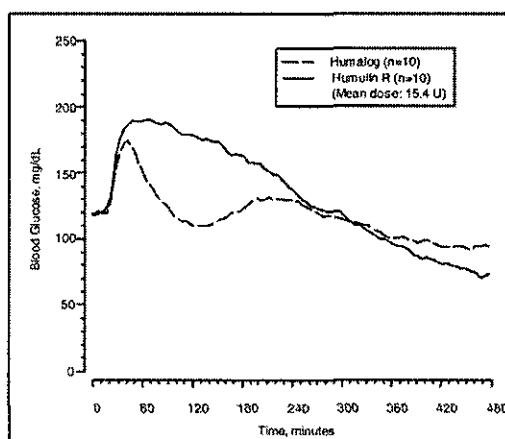


Figure 1: Blood Glucose Levels After Subcutaneous Injection of Regular Human Insulin or HUMALOG (0.2 unit/kg) Immediately Before a High Carbohydrate Meal in 10 Patients with Type 1 Diabetes^a.

^a Baseline insulin concentration was maintained by infusion of 0.2 mU/min/kg human insulin.

Intravenous Administration of HUMALOG U-100 — The glucose lowering effect of intravenously administered HUMALOG was tested in 21 patients with type 1 diabetes. For the study, the patients' usual doses of insulin were held and blood glucose concentrations were allowed to reach a stable range of 200 to 260 mg/dL during a one to three hours run-in phase. The run-in phase was followed by a 6-hour assessment phase. During the assessment phase, patients

received intravenous HUMALOG at an initial infusion rate of 0.5 units/hour. The infusion rate of HUMALOG could be adjusted at regular timed intervals to achieve and maintain blood glucose concentrations between 100 to 160 mg/dL.

The mean blood glucose levels during the assessment phase for patients on HUMALOG therapy are summarized below in Table 4. All patients achieved the targeted glucose range at some point during the 6-hour assessment phase. At the endpoint, blood glucose was within the target range (100 to 160 mg/dL) for 17 of 20 patients treated with HUMALOG. The average time (\pm SE) required to attain near normoglycemia was 129 ± 14 minutes for HUMALOG.

Table 4: Mean Blood Glucose Concentrations (mg/dL) During Intravenous Infusions of HUMALOG U-100

Time from Start of Infusion (minutes)	Mean Blood Glucose (mg/dL) Intravenous ^a
0	224 \pm 16
30	205 \pm 21
60	195 \pm 20
120	165 \pm 26
180	140 \pm 26
240	123 \pm 20
300	120 \pm 27
360	122 \pm 25

^a Results shown as mean \pm SD

The pharmacodynamics of a single 20 unit dose of HUMALOG U-200 administered subcutaneously were compared to the pharmacodynamics of a single 20 unit dose of HUMALOG U-100 administered subcutaneously in a euglycemic clamp study enrolling healthy subjects. In this study, the overall, maximum, and time to maximum glucose lowering effect were similar between HUMALOG U-200 and HUMALOG U-100. The mean area under the glucose infusion rate curves (measure of overall pharmacodynamic effect) were 125 g and 126 g for HUMALOG U-200 and HUMALOG U-100, respectively. The maximum glucose infusion rate was 534 mg/min and 559 mg/min and the corresponding median time (min, max) to maximum effect were 2.8 h (0.5 h – 6.3 h) and 2.4 h (0.5 h – 4.7 h) for HUMALOG U-200 and HUMALOG U-100, respectively.

12.3 Pharmacokinetics

Absorption and Bioavailability — Studies in healthy volunteers and patients with diabetes demonstrated that HUMALOG is absorbed more quickly than regular human insulin. In healthy volunteers given subcutaneous doses of HUMALOG ranging from 0.1 to 0.4 unit/kg, peak serum levels were seen 30 to 90 minutes after dosing. When healthy volunteers received equivalent doses of regular human insulin, peak insulin levels occurred between 50 to 120 minutes after dosing. Similar results were seen in patients with type 1 diabetes (see Figure 2).

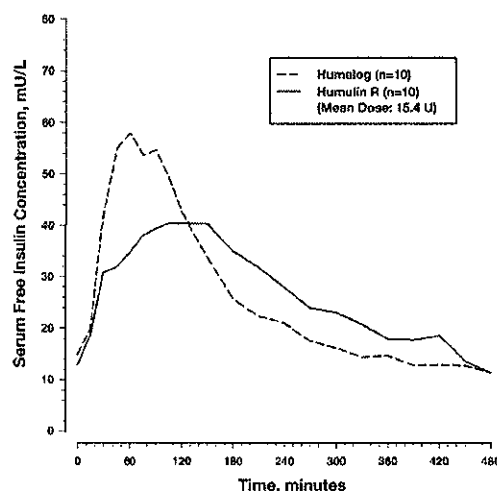


Figure 2: Serum HUMALOG and Insulin Levels After Subcutaneous Injection of Regular Human Insulin or HUMALOG (0.2 unit/kg) Immediately Before a High Carbohydrate Meal in 10 Patients with Type 1 Diabetes^a.

^a Baseline insulin concentration was maintained by infusion of 0.2 mU/min/kg human insulin.

HUMALOG U-100 was absorbed at a consistently faster rate than regular human insulin in healthy male volunteers given 0.2 unit/kg at abdominal, deltoid, or femoral subcutaneous sites. After HUMALOG was administered in the abdomen, serum drug levels were higher and the duration of action was slightly shorter than after deltoid or thigh

administration. Bioavailability of HUMALOG is similar to that of regular human insulin. The absolute bioavailability after subcutaneous injection ranges from 55% to 77% with doses between 0.1 to 0.2 unit/kg, inclusive.

The results of a study in healthy subjects demonstrated that HUMALOG U-200 is bioequivalent to HUMALOG U-100 following administration of a single 20 unit dose.

The mean observed area under the serum insulin concentration-time curve from time zero to infinity was 2360 pmol hr/L and 2390 pmol hr/L for HUMALOG U-200 and HUMALOG U-100, respectively. The corresponding mean peak serum insulin concentration was 795 pmol/L and 909 pmol/L for HUMALOG U-200 and HUMALOG U-100, respectively. The median time to maximum concentration was 1.0 hour for both formulations.

Distribution — When administered intravenously as bolus injections of 0.1 and 0.2 U/kg dose in two separate groups of healthy subjects, the mean volume of distribution of HUMALOG appeared to decrease with increase in dose (1.55 and 0.72 L/kg, respectively) in contrast to that of regular human insulin for which, the volume of distribution was comparable across the two dose groups (1.37 and 1.12 L/kg for 0.1 and 0.2 U/kg dose, respectively).

Metabolism — Human metabolism studies have not been conducted. However, animal studies indicate that the metabolism of HUMALOG is identical to that of regular human insulin.

Elimination — After subcutaneous administration of HUMALOG, the $t_{1/2}$ is shorter than that of regular human insulin (1 versus 1.5 hours, respectively). When administered intravenously, HUMALOG and regular human insulin demonstrated similar dose-dependent clearance, with a mean clearance of 21.0 mL/min/kg and 21.4 mL/min/kg, respectively (0.1 unit/kg dose), and 9.6 mL/min/kg and 9.4 mL/min/kg, respectively (0.2 unit/kg dose). Accordingly, HUMALOG demonstrated a mean $t_{1/2}$ of 0.85 hours (51 minutes) and 0.92 hours (55 minutes), respectively for 0.1 unit/kg and 0.2 unit/kg doses, and regular human insulin mean $t_{1/2}$ was 0.79 hours (47 minutes) and 1.28 hours (77 minutes), respectively for 0.1 unit/kg and 0.2 unit/kg doses.

Specific Populations

The effects of age, gender, race, obesity, pregnancy, or smoking on the pharmacokinetics of HUMALOG have not been studied.

Renal Impairment — Type 2 diabetic patients with varying degree of renal impairment showed no difference in pharmacokinetics of regular insulin and HUMALOG. However, the sensitivity of the patients to insulin did change, with an increased response to insulin as the renal function declined. Some studies with human insulin have shown increased circulating levels of insulin in patients with renal impairment. Careful glucose monitoring and dose adjustments of insulin, including HUMALOG, may be necessary in patients with renal dysfunction.

Hepatic Impairment — Type 2 diabetic patients with impaired hepatic function showed no effect on the pharmacokinetics of HUMALOG as compared to patients with no hepatic dysfunction. However, some studies with human insulin have shown increased circulating levels of insulin in patients with liver failure. Careful glucose monitoring and dose adjustments of insulin, including HUMALOG, may be necessary in patients with hepatic dysfunction.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Standard 2-year carcinogenicity studies in animals have not been performed. In Fischer 344 rats, a 12-month repeat-dose toxicity study was conducted with insulin lispro at subcutaneous doses of 20 and 200 units/kg/day (approximately 3 and 32 times the human subcutaneous dose of 1 unit/kg/day, based on units/body surface area). Insulin lispro did not produce important target organ toxicity including mammary tumors at any dose.

Insulin lispro was not mutagenic in the following genetic toxicity assays: bacterial mutation, unscheduled DNA synthesis, mouse lymphoma, chromosomal aberration and micronucleus assays.

Male fertility was not compromised when male rats given subcutaneous insulin lispro injections of 5 and 20 units/kg/day (0.8 and 3 times the human subcutaneous dose of 1 unit/kg/day, based on units/body surface area) for 6 months were mated with untreated female rats. In a combined fertility, perinatal, and postnatal study in male and female rats given 1, 5, and 20 units/kg/day subcutaneously (0.16, 0.8, and 3 times the human subcutaneous dose of 1 unit/kg/day, based on units/body surface area), mating and fertility were not adversely affected in either gender at any dose.

13.2 Animal Toxicology and/or Pharmacology

In standard biological assays in fasted rabbits, 0.2 unit/kg of insulin lispro injected subcutaneously had the same glucose-lowering effect and had a more rapid onset of action as 0.2 unit/kg of regular human insulin.

14 CLINICAL STUDIES

The safety and efficacy of HUMALOG U-100 were studied in children, adolescent, and adult patients with type 1 diabetes (n=789) and adult patients with type 2 diabetes (n=722).

14.1 Type 1 Diabetes – Adults and Adolescents

A 12-month, randomized, parallel, open-label, active-controlled study was conducted in patients with type 1 diabetes to assess the safety and efficacy of HUMALOG (n=81) compared with Humulin® R [REGULAR insulin human injection, USP (rDNA origin)] (n=86). HUMALOG was administered by subcutaneous injection immediately prior to meals and Humulin R was administered 30 to 45 minutes before meals. Humulin® U [ULTRALENTE® human insulin (rDNA origin) extended zinc suspension] was administered once or twice daily as the basal insulin. There was a 2- to 4-week

run-in period with Humulin R and Humulin U before randomization. Most patients were Caucasian (97%). Forty-seven percent of the patients were male. The mean age was 31 years (range 12 to 70 years). Glycemic control, the total daily doses of HUMALOG and Humulin R, and the incidence of severe hypoglycemia (as determined by the number of events that were not self-treated) were similar in the two treatment groups. There were no episodes of diabetic ketoacidosis in either treatment group.

Table 5: Type 1 Diabetes Mellitus – Adults and Adolescents

Treatment Duration Treatment in Combination with:	12 months Humulin U	
	HUMALOG	Humulin R
N	81	86
Baseline HbA _{1c} (%) ^a	8.2 ± 1.4	8.3 ± 1.7
Change from baseline HbA _{1c} (%) ^a	-0.1 ± 0.9	0.1 ± 1.1
Treatment Difference in HbA _{1c} Mean (95% confidence interval)	0.4 (0.0, 0.8)	
Baseline short-acting insulin dose (units/kg/day)	0.3 ± 0.1	0.3 ± 0.1
End-of-Study short-acting insulin dose (units/kg/day)	0.3 ± 0.1	0.3 ± 0.1
Change from baseline short-acting insulin dose (units/kg/day)	0.0 ± 0.1	0.0 ± 0.1
Baseline Body weight (kg)	72 ± 12.7	71 ± 11.3
Weight change from baseline (kg)	1.4 ± 3.6	1.0 ± 2.6
Patients with severe hypoglycemia (n, %) ^b	14 (17%)	18 (21%)

^a Values are Mean ± SD

^b Severe hypoglycemia refers to hypoglycemia for which patients were not able to self-treat.

14.2 Type 2 Diabetes – Adults

A 6-month randomized, crossover, open-label, active-controlled study was conducted in insulin-treated patients with type 2 diabetes (n=722) to assess the safety and efficacy of HUMALOG for 3 months followed by Humulin R for 3 months or the reverse sequence. HUMALOG was administered by subcutaneous injection immediately before meals and Humulin R was administered 30 to 45 minutes before meals. Humulin[®] N [NPH human insulin (rDNA origin) isophane suspension] or Humulin U was administered once or twice daily as the basal insulin. All patients participated in a 2- to 4-week run-in period with Humulin R and Humulin N or Humulin U. Most of the patients were Caucasian (88%), and the numbers of men and women in each group were approximately equal. The mean age was 58.6 years (range 23.8 to 85 years). The average body mass index (BMI) was 28.2 kg/m². During the study, the majority of patients used Humulin N (84%) compared with Humulin U (16%) as their basal insulin. The reductions from baseline in HbA_{1c} and the incidence of severe hypoglycemia (as determined by the number of events that were not self-treated) were similar between the two treatments from the combined groups (see Table 6).

Table 6: Type 2 Diabetes Mellitus — Adults

	Baseline	End point	
		HUMALOG + Basal	Humulin R + Basal
HbA _{1c} (%) ^a	8.9 ± 1.7	8.2 ± 1.3	8.2 ± 1.4
Change from baseline HbA _{1c} (%) ^a	—	-0.7 ± 1.4	-0.7 ± 1.3
Short-acting insulin dose (units/kg/day) ^a	0.3 ± 0.2	0.3 ± 0.2	0.3 ± 0.2
Change from baseline short-acting insulin dose (units/kg/day) ^a	—	0.0 ± 0.1	0.0 ± 0.1
Body weight (kg) ^a	80 ± 15	81 ± 15	81 ± 15
Weight change from baseline	—	0.8 ± 2.7	0.9 ± 2.6
Patients with severe hypoglycemia (n, %) ^b	—	15 (2%)	16 (2%)

^a Values are Mean ± SD

^b Severe hypoglycemia refers to hypoglycemia for which patients were not able to self-treat.

14.3 Type 1 Diabetes – Pediatric and Adolescents

An 8-month, crossover study of adolescents with type 1 diabetes (n=463), aged 9 to 19 years, compared two subcutaneous multiple-dose treatment regimens: HUMALOG or Humulin R, both administered with Humulin N (NPH human insulin) as the basal insulin. HUMALOG achieved glycemic control comparable to Humulin R, as measured by HbA_{1c} (see Table 7), and both treatment groups had a comparable incidence of hypoglycemia. In a 9-month, crossover study of prepubescent children (n=60) with type 1 diabetes, aged 3 to 11 years, HUMALOG administered immediately before meals, HUMALOG administered immediately after meals and Humulin R administered 30 minutes before meals resulted in similar glycemic control, as measured by HbA_{1c}, and incidence of hypoglycemia, regardless of treatment group.

Table 7: Pediatric Subcutaneous Administration of HUMALOG in Type 1 Diabetes

	Baseline	End point	
		HUMALOG + NPH	Humulin R + NPH
HbA _{1c} (%) ^a	8.6 ± 1.5	8.7 ± 1.5	8.7 ± 1.6
Change from baseline HbA _{1c} (%) ^a	—	0.1 ± 1.1	0.1 ± 1.3
Short-acting insulin dose (units/kg/day) ^a	0.5 ± 0.2	0.5 ± 0.2	0.5 ± 0.2
Change from baseline short-acting insulin dose (units/kg/day) ^a	—	0.01 ± 0.1	-0.01 ± 0.1
Body weight (kg) ^a	59.1 ± 13.1	61.1 ± 12.7	61.4 ± 12.9
Weight change from baseline (kg) ^a	—	2.0 ± 3.1	2.3 ± 3.0
Patients with severe hypoglycemia (n, %) ^b	—	5 (1.1%)	5 (1.1%)
Diabetic ketoacidosis (n, %)	—	11 (2.4%)	9 (1.9%)

^a Values are Mean ± SD

^b Severe hypoglycemia refers to hypoglycemia that required glucagon or glucose injection or resulted in coma.

14.4 Type 1 Diabetes – Adults Continuous Subcutaneous Insulin Infusion

To evaluate the administration of HUMALOG U-100 via external insulin pumps, two open-label, crossover design studies were performed in patients with type 1 diabetes. One study involved 39 patients, ages 19 to 58 years, treated for 24 weeks with HUMALOG or regular human insulin. After 12 weeks of treatment, the mean HbA_{1c} values decreased from 7.8% to 7.2% in the HUMALOG-treated patients and from 7.8% to 7.5% in the regular human insulin-treated patients. Another study involved 60 patients (mean age 39, range 15 to 58 years) treated for 24 weeks with either HUMALOG or buffered regular human insulin. After 12 weeks of treatment, the mean HbA_{1c} values decreased from 7.7% to 7.4% in the HUMALOG-treated patients and remained unchanged from 7.7% in the buffered regular human insulin-treated patients. Rates of hypoglycemia were comparable between treatment groups in both studies.

14.5 Type 1 Diabetes – Pediatric Continuous Subcutaneous Insulin Infusion

A randomized, 16-week, open-label, parallel design, study of children and adolescents with type 1 diabetes (n=298) aged 4 to 18 years compared two subcutaneous infusion regimens administered via an external insulin pump: insulin aspart (n=198) or HUMALOG U-100 (n=100). These two treatments resulted in comparable changes from baseline in HbA_{1c} and comparable rates of hypoglycemia after 16 weeks of treatment (see Table 8). Infusion site reactions were similar between groups.

Table 8: Pediatric Insulin Pump Study in Type 1 Diabetes (16 weeks; n=298)

	HUMALOG	Aspart
N	100	198
Baseline HbA _{1c} (%) ^a	8.2 ± 0.8	8.0 ± 0.9
Change from Baseline HbA _{1c} (%)	-0.1 ± 0.7	-0.1 ± 0.8
Treatment Difference in HbA _{1c} , Mean (95% confidence interval)	0.1 (-0.3, 0.1)	
Baseline insulin dose (units/kg/24 hours) ^a	0.9 ± 0.3	0.9 ± 0.3
End-of-Study insulin dose (units/kg/24 hours) ^a	0.9 ± 0.2	0.9 ± 0.2
Patients with severe hypoglycemia (n, %) ^b	8 (8%)	19 (10%)
Diabetic ketoacidosis (n, %)	0 (0)	1 (0.5%)
Baseline body weight (kg) ^a	55.5 ± 19.0	54.1 ± 19.7
Weight Change from baseline (kg) ^a	1.6 ± 2.1	1.8 ± 2.1

^a Values are Mean ± SD

^b Severe hypoglycemia refers to hypoglycemia associated with central nervous system symptoms and requiring the intervention of another person or hospitalization.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

HUMALOG 100 units per mL (U-100) is available as:

10 mL vials	NDC 0002-7510-01 (VL-7510)
3 mL vials	NDC 0002-7510-17 (VL-7533)
5 x 3 mL cartridges ¹	NDC 0002-7516-59 (VL-7516)
5 x 3 mL Humalog KwikPen (prefilled)	NDC 0002-8799-59 (HP-8799)

HUMALOG 200 units per mL (U-200) is available as:

2 x 3 mL Humalog KwikPen (prefilled)

NDC 0002-7712-27 (HP-7712)

Each prefilled KwikPen, cartridge, and reusable pen compatible with Lilly 3 mL cartridges is for use by a single patient. HUMALOG KwikPens, cartridges, and reusable pens compatible with Lilly 3 mL cartridges must never be shared between patients, even if the needle is changed. Patients using HUMALOG vials must never share needles or syringes with another person.

16.2 Storage and Handling

Do not use after the expiration date.

Unopened HUMALOG should be stored in a refrigerator (36° to 46°F [2° to 8°C]), but not in the freezer. Do not use HUMALOG if it has been frozen. In-use HUMALOG vials, cartridges, and HUMALOG KwikPen should be stored at room temperature, below 86°F (30°C) and must be used within 28 days or be discarded, even if they still contain HUMALOG. Protect from direct heat and light. See table below:

	Not In-Use (Unopened) Room Temperature (Below 86°F [30°C])	Not In-Use (Unopened) Refrigerated	In-Use (Opened) Room Temperature, (Below 86°F [30°C])
HUMALOG U-100			
10 mL vial	28 days	Until expiration date	28 days, refrigerated/room temperature.
3 mL vial	28 days	Until expiration date	28 days, refrigerated/room temperature.
3 mL cartridge	28 days	Until expiration date	28 days, Do not refrigerate.
3 mL Humalog KwikPen (prefilled)	28 days	Until expiration date	28 days, Do not refrigerate.
HUMALOG U-200			
3 mL Humalog KwikPen (prefilled)	28 days	Until expiration date	28 days, Do not refrigerate.

Use in an External Insulin Pump — Change the HUMALOG U-100 in the reservoir at least every 7 days, change the infusion sets and the infusion set insertion site at least every 3 days or after exposure to temperatures that exceed 98.6°F (37°C). A HUMALOG 3 mL cartridge used in the D-Tron pumps should be discarded after 7 days, even if it still contains HUMALOG. However, as with other external insulin pumps, the infusion set should be replaced and a new infusion set insertion site should be selected at least every 3 days.

Diluted HUMALOG U-100 for Subcutaneous Injection — Diluted HUMALOG may remain in patient use for 28 days when stored at 41°F (5°C) and for 14 days when stored at 86°F (30°C). Do not dilute HUMALOG contained in a cartridge or HUMALOG used in an external insulin pump.

16.3 Preparation and Handling

Diluted HUMALOG U-100 for Subcutaneous Injection — HUMALOG may be diluted with Sterile Diluent for HUMALOG for subcutaneous injection. Diluting one part HUMALOG to nine parts diluent will yield a concentration one-tenth that of HUMALOG (equivalent to U-10). Diluting one part HUMALOG to one part diluent will yield a concentration one-half that of HUMALOG (equivalent to U-50).

16.4 Admixture for Intravenous Administration

Infusion bags prepared with HUMALOG U-100 are stable when stored in a refrigerator (2° to 8°C [36° to 46°F]) for 48 hours and then may be used at room temperature for up to an additional 48 hours [see *Dosage and Administration* (2.2)].

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information and Instructions for Use).

17.1 Never Share a HUMALOG KwikPen, Cartridge, Reusable Pen Compatible with Lilly 3 mL Cartridges, or Syringe Between Patients

Advise patients that they must never share a HUMALOG KwikPen, cartridge, or reusable pen compatible with Lilly 3 mL cartridges with another person, even if the needle is changed. Advise patients using HUMALOG vials not to share needles or syringes with another person. Sharing poses a risk for transmission of blood-borne pathogens.

17.2 Hypoglycemia

Instruct patients on self-management procedures including glucose monitoring, proper injection technique, and management of hypoglycemia and hyperglycemia, especially at initiation of HUMALOG therapy. Instruct patients on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or

skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, and skipped meals. Instruct patients on the management of hypoglycemia.

Inform patients that their ability to concentrate and react may be impaired as a result of hypoglycemia. Advise patients who have frequent hypoglycemia or reduced or absent warning signs of hypoglycemia to use caution when driving or operating machinery [see *Warnings and Precautions* (5.3)].

17.3 Hypersensitivity Reactions

Advise patients that hypersensitivity reactions have occurred with HUMALOG. Inform patients on the symptoms of hypersensitivity reactions [see *Warnings and Precautions* (5.5)].

17.4 Medication Errors

Instruct patients to always check the insulin label before each injection to avoid mix-ups between insulin products.

Inform patients that HUMALOG U-200 contains 2 times as much insulin in 1 mL as HUMALOG U-100.

Inform patients that the HUMALOG U-200 KwikPen dose window shows the number of units of HUMALOG U-200 to be injected and that no dose conversion is required.

Instruct patients to NOT transfer HUMALOG U-200 from the HUMALOG KwikPen to a syringe. The markings on the syringe will not measure the dose correctly and this can result in overdosage and severe hypoglycemia.

17.5 Administration Instruction for HUMALOG U-200

Instruct patients to NOT mix HUMALOG U-200 with any other insulin.

17.6 Women of Reproductive Potential

Advise females of reproductive potential with diabetes to inform their doctor if they are pregnant or are contemplating pregnancy [see *Use in Specific Populations* (8.1)].

17.7 Instructions For Patients Using Continuous Subcutaneous Insulin Pumps

Patients using external pump infusion therapy should be trained appropriately.

The following insulin pumps have been tested in HUMALOG clinical trials conducted by Eli Lilly and Company.

- Disetronic® H-Tron® plus V100, D-Tron® and D-Tronplus® with Disetronic Rapid infusion sets²
- MiniMed® Models 506, 507 and 508 and Polyfin® infusion sets³

HUMALOG is recommended for use in pump systems suitable for insulin infusion such as MiniMed, Disetronic, and other equivalent pumps. Before using HUMALOG in a pump system, read the pump label to make sure the pump is indicated for continuous delivery of fast-acting insulin. HUMALOG is recommended for use in any reservoir and infusion sets that are compatible with insulin and the specific pump. Please see recommended reservoir and infusion sets in the pump manual. Do not use HUMALOG U-200 in an external insulin pump.

To avoid insulin degradation, infusion set occlusion, and loss of the preservative (metacresol), insulin in the reservoir should be replaced at least every 7 days; infusion sets and infusion set insertion sites should be changed at least every 3 days.

Insulin exposed to temperatures higher than 98.6°F (37°C) should be discarded. The temperature of the insulin may exceed ambient temperature when the pump housing, cover, tubing or sport case is exposed to sunlight or radiant heat. Infusion sites that are erythematous, pruritic, or thickened should be reported to the healthcare professional, and a new site selected because continued infusion may increase the skin reaction or alter the absorption of HUMALOG.

Pump or infusion set malfunctions or insulin degradation can lead to rapid hyperglycemia and ketosis. This is especially pertinent for rapid acting insulin analogs that are more rapidly absorbed through skin and have a shorter duration of action. Prompt identification and correction of the cause of hyperglycemia or ketosis is necessary. Problems include pump malfunction, infusion set occlusion, leakage, disconnection or kinking, and degraded insulin. Less commonly, hypoglycemia from pump malfunction may occur. If these problems cannot be promptly corrected, patients should resume therapy with subcutaneous insulin injection and contact their healthcare professionals [see *Dosage and Administration* (2.2) and *How Supplied/Storage and Handling* (16.2)].

¹ 3 mL cartridge is for use in Eli Lilly and Company's HumaPen® Luxura® HD insulin delivery device, Disetronic D-TRON® and D-TRON® Plus pumps.

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² Disetronic®, H-Tron®, D-Tron®, and D-Tronplus® are registered trademarks of Roche Diagnostics GmbH.

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Prescribing Information

Important Safety Information

Health Care Professionals

Related Novo Nordisk Sites

NovoLog®
insulin aspart (rDNA origin) injection



[Just Heard about NovoLog®](#) » [FAQs](#) » NovoLog® Frequently Asked Questions

TYPE 2 DIABETES

TYPE 1 DIABETES

NovoLog® Frequently Asked Questions

1. What is NovoLog® and how does NovoLog® work?

Open +

2. What is an insulin analog?

Open +

3. I've heard NovoLog® called fast-acting insulin, rapid-acting insulin, bolus insulin, and mealtime insulin. Are they the same thing?

Open +

4. What are some of the benefits of NovoLog®?

Open +

5. Are there any side effects that I can expect when taking NovoLog®?

Open +

6. Is a prescription needed for NovoLog®?

Open +

7. I have a busy schedule, so how will I fit mealtime insulin in?

Open +

8. What do I do if I miss a NovoLog® dose?

Open +

9. What can I do if I have trouble remembering to take NovoLog®?

Open +

10. How long before NovoLog® starts working?

Open +

11. Since NovoLog® is a fast-acting insulin, does that mean I'll reach my blood sugar goals right away? Open +

12. If I feel better, can I stop taking NovoLog®? Open +

13. Can NovoLog® be mixed with other insulin? Open +

14. Can I take NovoLog® if I'm taking other medicines? Open +

15. What are the different ways I can take NovoLog®? Open +

16. What is NovoLog® FlexPen®? Open +

17. How do I get my correct dose with NovoLog® FlexPen®? Open +

18. What if I make a mistake dialing my dose? Open +

19. Does NovoLog® FlexPen® need to be refilled? Open +

20. Can I take NovoLog® FlexPen® with me when I go places? Open +

21. How and where should NovoLog® be stored? Close -

Store NovoLog® in the refrigerator—between 36°F and 46°F (2°C and 8°C)—until first use. Do not freeze. NovoLog® FlexPen® and PenFill® cartridges that are in use must be kept at room temperature—below 86°F (30°C)—for up to 28 days and must not be refrigerated. Vials, once in use, can be kept at either room temperature or in the refrigerator. Do not store NovoLog® in areas of extreme moisture and where there may be very hot or cold temperatures, such as in a freezer or car.

Storage for NovoLog® FlexPen®

3mL PenFill® cartridge,^a and 10 mL vial:

	Temperature	Use up to
In use ^{b,c} (opened)	Room temperature: below 86°F	28 days
Not in use (unopened)	Room temperature: below 86°F	28 days
Not in use (unopened)	Refrigerated	Expiration date

^a3-mL PenFill® cartridge is available for NovoPen Echo®.

^bFlexPen® and PenFill® cartridges in use (opened) should NOT be stored in the refrigerator.

^cVials in use (opened) may be stored in the refrigerator.

NovoLog® can take the heat

- NovoLog® 3-mL PenFill® cartridge, FlexPen®, and vial are stable at temperatures below 86°F once in use (opened) and do not have to be refrigerated
- FlexPen® and PenFill® cartridge must not be refrigerated once in use
- NovoLog® remains heat stable in pumps at normal body temperature (up to 98.6°F)

22. Is NovoLog® approved for pump use?

Open +

23. How does NovoLog® work in pumps?

Open +

24. How can I find out more about NovoLog®?

Open +

25. What additional diabetes support does Novo Nordisk provide?

Open +

26. What is hypoglycemia?

Open +

27. What is hyperglycemia?

Open +



Read This Next

Mealtime Insulin

Learn more about mealtime insulin, and how it can help you control blood sugar when you eat.

Get Started



Cornerstones4Care
Your diabetes, your way.

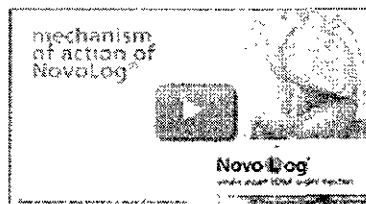
Learn about the 4 basics of diabetes care on Cornerstones4Care®.

Sign Up

Videos

How NovoLog® Works

(7:12 min.)



Watch this video that shows the science behind how NovoLog® works.

Watch Now

Selected Important Safety Information

Do not share your NovoLog® FlexPen®, NovoLog® FlexTouch®, PenFill® cartridge or PenFill® cartridge compatible insulin delivery device with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

Who should not take NovoLog®?

Do not take NovoLog® if:

- your blood sugar is too low (hypoglycemia) or you are allergic to any of its ingredients.

How should I take NovoLog®?

- **Read the Instructions for Use** and take exactly as directed.
- **NovoLog® is fast-acting.** Eat a meal within 5 to 10 minutes after taking it.
- **Know the type and strength of your insulin.** **Do not** change your insulin type unless your health care provider tells you to.
- **Check your blood sugar levels.** Ask your health care provider what your blood sugar levels should be and when you should check them.
- **Do not reuse or share your needles with other people.** You may give other people a serious infection, or get a serious infection from them.

Indications and Usage**What is NovoLog® (insulin aspart [rDNA origin] injection)?**

- NovoLog® is a man-made insulin used to control high blood sugar in adults and children with diabetes mellitus.

Important Safety Information

Do not share your NovoLog® FlexPen®, NovoLog® FlexTouch®, PenFill® cartridge or PenFill® cartridge compatible insulin delivery device with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

Who should not take NovoLog®?**Do not take NovoLog® if:**

- your blood sugar is too low (hypoglycemia) or you are allergic to any of its ingredients.

Before taking NovoLog®, tell your health care provider about all your medical conditions including, if you are:

- pregnant, plan to become pregnant, or are breastfeeding.
- taking new prescription or over-the-counter medicines, including supplements.

Talk to your health care provider about how to manage low blood sugar.

How should I take NovoLog®?

- **Read the Instructions for Use** and take exactly as directed.
- **NovoLog® is fast-acting.** Eat a meal within 5 to 10 minutes after taking it.
- **Know the type and strength of your insulin.** **Do not** change your insulin type unless your health care provider tells you to.
- **Check your blood sugar levels.** Ask your health care provider what your blood sugar levels should be and when you should check them.
- **Do not reuse or share your needles with other people.** You may give other people a serious infection, or get a serious infection from them.

What should I avoid while taking NovoLog®?

- **Do not** drive or operate heavy machinery, until you know how NovoLog® affects you.
- **Do not** drink alcohol or use medicines that contain alcohol.

What are the possible side effects of NovoLog®?

Serious side effects can lead to death, including:

Low blood sugar. Some signs and symptoms include:

- anxiety, irritability, mood changes, dizziness, sweating, confusion, and headache.

Your insulin dose may need to change because of:

- weight gain or loss, increased stress, illness, or change in diet or level of physical activity.

Other common side effects may include:

- low potassium in your blood, injection site reactions, itching, rash, serious whole body allergic reactions, skin thickening or pits at the injection site, weight gain, and swelling of your hands and feet and if taken with thiazolidinediones (TZDs) possible heart failure.

Get emergency medical help if you have:

- trouble breathing, shortness of breath, fast heartbeat, swelling of your face, tongue, or throat, sweating, extreme drowsiness, dizziness, or confusion.

See NovoLog® Prescribing Information.

NovoLog® is a prescription medicine.

Talk to your doctor about the importance of diet and exercise in your treatment plan.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



If you need assistance with prescription drug costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.

NovoLog (insulin aspart) is a prescription medicine used to help control blood sugar in people with type 2 diabetes. It is not a cure for diabetes. NovoLog is a registered trademark of Novo Nordisk. All other trademarks are the property of their respective owners. © 2016 Novo Nordisk. All rights reserved.



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RIVERSIDE MED BLDG-RMS PHARM

3545 Oentlangy River Rd Suite 100

Columbus, OH 43214

BIDWELL, JANE A

3813 FAR HILLS AVE. KETTERING, OH 45429

071277938

REP ON EX.

Script/ Fill	Drug Name	Product Code	SIG	Qty	Days Supply	Prescriber Name	Price	Third Party Pays	Patient Responsibility	Plan Code	Date Filled	Date Dispensed
6239475N0	Lantus Insulin 31 00088222033		INJECT 45 UNITS SUB-CUTANEOUSLY AT BEDTIME	20		45 PARLO, MIGUEL	\$478.97	\$318.43	\$135.36	CHA7	11/07/2014	11/07/2014
6215322N0	Humalog Insulin 31 00002757001		INJECT SUB-CUTANEOUSLY AS DIRECTED MAX DAILY DOSE	90		90 PARLO, MIGUEL	\$1,981.56	\$1,803.58	\$0.00	CHA-NEW	01/08/2015	01/08/2015
6215320N0	Lantus Insulin GI 00088222033		INJECT 45 UNITS SUB-CUTANEOUSLY EVERY NIGHT AT BEDTIME	40		88 PARLO, MIGUEL	\$1,070.08	\$881.59	\$0.00	CHA-NEW	01/08/2015	01/08/2015
6215324N0	BID Ultra-Fine Ins 03290328468		INJECT SUB-CUTANEOUSLY FOUR TIMES A DAY AS DIRECTED	300		75 PARLO, MIGUEL	\$96.82	\$72.69	\$0.00	CHA-NEW	01/08/2015	01/08/2015
6215503N0	Contour Next Bic 00193721221		TEST BLOOD SUGAR 6 TIMES DAILY	600		90 PARLO, MIGUEL	\$495.00	\$375.41	\$0.00	CHA-NEW	01/16/2015	01/16/2015
6223183N0	B-D Ultra-Fine SI 08290320108		USE UP TO 5 TIMES A DAY AS DIRECTED	500		90 PARLO, MIGUEL	\$205.40	\$162.27	\$0.00	CHA-NEW	04/03/2015	04/03/2015
6223189N0	Good Neighbor 1 38396534464		USE FOUR TIMES A DAY	400		90 PARLO, MIGUEL	\$23.40	\$18.45	\$0.00	CHA-NEW	04/03/2015	04/03/2015
6223194N0	Humalog MixKPs 00002875559		USE A MAX OF 100 UNITS SUB-CUTANEOUSLY EVERY DAY	90		90 PARLO, MIGUEL	\$2,528.68	\$2,319.54	\$0.00	CHA-NEW	04/03/2015	04/03/2015
6223195N0	Lantus SoloStar 00088221605		INJECT 45 UNITS SUB-CUTANEOUSLY EVERY EVENING	45		90 PARLO, MIGUEL	\$1,203.65	\$1,090.12	\$0.00	CHA-NEW	04/03/2015	04/03/2015
6223192N0	Contour Next Bic 00193721221		USE FOUR TIMES A DAY	400		90 PARLO, MIGUEL	\$339.00	\$260.27	\$0.00	CHA-NEW	04/03/2015	04/03/2015
6223202N0	Lisipopt 40 mg 68001620503		TAKE 1 TABLET BY MOUTH EVERY DAY	90		90 SEILER, JAMES	\$23.80	\$9.60	\$2.40	CHA-NEW	04/03/2015	04/03/2015
							\$9,706.70	\$8,008.98	\$773.53			

Pharmacist Signature

**BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO**

Jane Ann Bidwell,)
)
Complainant,)
)
v.)
)
Ohio Power Company,)
)
Respondent.)

Case No. 15-1020-EL-CSS

**TESTIMONY
OF
MICHELE L. JEUNELOT
ON BEHALF OF OHIO POWER COMPANY d/b/a AEP OHIO**

Filed May 19, 2016

1 **Q. PLEASE STATE YOUR NAME AND BUSINESS ADDRESS.**

2 A. My name is Michele L. Jeunelot, and my business address is 850 Tech Center
3 Drive, Gahanna, Ohio 43230.

4 **Q. BY WHOM ARE YOU EMPLOYED AND IN WHAT CAPACITY?**

5 A. I am employed by Ohio Power Company ("AEP Ohio" or the "Company") as
6 Manager of Regulatory Operations.

7 **Q. WHAT ARE YOUR RESPONSIBILITIES AS MANAGER OF**
8 **REGULATORY OPERATIONS?**

9 A. In my role as AEP Ohio Manager of Regulatory Operations, I am responsible
10 for investigating customer complaints. In addition, I am responsible for ensuring
11 compliance with regulatory requirements.

12 **Q. WHAT IS YOUR PROFESSIONAL AND EDUCATIONAL**
13 **BACKGROUND?**

14 A. I earned a bachelor's degree in Electrical Engineering from Wright State
15 University and a master's degree in Business Administration from Capital
16 University. I have ten years of electric utility experience, focusing primarily on
17 distribution operations. In 2000, I joined Columbus Southern Power, an operating
18 unit of American Electric Power, as a Quality of Service Engineer supporting the
19 Columbus area. In 2002, I became a Project Design Engineer, before joining the
20 Distribution Support Group in 2006 as a Budget & Performance Analyst. In 2009, I
21 joined the Business Support Group as a Business Operations Support Analyst before
22 being named to my current position as AEP Ohio Regulatory Manager of Operations
23 in 2010.

1 **Q. WHAT IS THE PURPOSE OF YOUR TESTIMONY IN THIS**
2 **PROCEEDING?**

3 A. The purpose of my testimony is to address some of the factual issues raised in
4 the complaint filed by Ms. Jane Ann Bidwell (Ms. Bidwell) on May 27, 2015.
5 Through my testimony, I will show that AEP Ohio followed standard company
6 procedures to ensure consumer protection against fraud. I will also demonstrate that
7 AEP Ohio correctly followed all Commission rules or regulations, that AEP Ohio
8 breached no duty to Ms. Bidwell, and that AEP Ohio acted justly and reasonably.

9 **Q. PLEASE GIVE A BRIEF OVERVIEW OF YOUR TESTIMONY.**

10 A. Ms. Bidwell tried to commence electric service with AEP Ohio but was
11 unsuccessful in completing her customer application because she did not complete
12 all of the steps necessary for an applicant with a fraud alert. An applicant with a
13 fraud alert must complete a quick questionnaire generated by the credit rating agency
14 Experian (the "Experian Questionnaire", which, when completed satisfies "the Lease
15 and Identification requirement") in order to ensure that the applicant is the person
16 she claims to be. It is a customer protection measure given to all applicants with a
17 fraud alert. Ms. Bidwell had a fraud alert associated with her personal information
18 and therefore her application could not be completed without her completing the
19 Experian Questionnaire.

20 On October 8, 2014, Ms. Bidwell initiated her application for service. Shortly
21 after Ms. Bidwell's initial call, AEP Ohio was notified of the fraud alert. AEP Ohio
22 then sought to contact Ms. Bidwell by phone and by mail at the only respective
23 phone number and mailing address given to AEP Ohio by Ms. Bidwell. Ms. Bidwell

1 never responded to AEP Ohio's inquiries. She thereafter received electric service
2 from October of 2014 to March of 2015 and never paid for that service during that
3 time period, nor did she attempt to contact AEP Ohio until service was disconnected.
4 Service was disconnected because months of usage registered on the meter without a
5 customer of record at the residence in question. Moreover, AEP Ohio had no
6 reasonable means of knowing that anyone was staying at the disconnected apartment
7 as her application was never completed.

8 **Q. ARE YOU SPONSORING ANY EXHIBITS?**

9 A. Yes, I am sponsoring several exhibits. Each exhibit is either comprised of
10 information derived from AEP Ohio business records or is a true and accurate copy
11 of a probative document. They are as follows:

12 a) MLJ-1: Call Log of Ms. Bidwell and AEP Ohio

13 b) MLJ-2: Transcribed and Certified Call #1 (Ms. Bidwell calling to initiate
14 an application for service on October 8, 2014)

15 c) MLJ-3: Transcribed and Certified Call #2 (An AEP Ohio representative
16 calling Ms. Bidwell on October 9, 2014 to complete the Experian
17 Questionnaire and Ms. Bidwell's phone number diverting the call to a full
18 voicemail messaging system)

19 d) MLJ-4: Letter from AEP Ohio to Ms. Bidwell sent on October 10, 2014
20 requesting more information in order to complete her customer application

21 e) MLJ-5: Deposit request letter from AEP Ohio sent to Ms. Bidwell on
22 October 9, 2014

1 f) MLJ-6: Detailed deposit request letter from AEP Ohio sent to Ms. Bidwell
2 on October 9, 2014

3 g) MLJ-7: AEP Ohio's returned deposit check to Ms. Bidwell with her
4 endorsed signature on the back. The check is dated December 15, 2014.

5 h) MLJ-8: Monthly meter usage at service address in question

6 i) MLJ-9: AEP Ohio denial letter of Ms. Bidwell's claim

7 j) MLJ-10: Ohio Power Company Standard Tariff, PUCO No. 20, Terms and
8 Condition of Service, Section 19

9 k) MLJ-11: Summary of Ms. Bidwell's pending and actual accounts

10 j) MLJ-12: Evidence of fraud alert on Ms. Bidwell's identity in AEP system
11 on October 8, 2014

12 l) MLJ-13: Evidence of fraud alert on Ms. Bidwell's identity in AEP system
13 on March 20, 2015

14 **Q. DO ANY OF THESE EXHIBITS REQUIRE EXPLANATION BEFORE**
15 **WE PROCEED?**

16 A. An exhibit requiring explanation before we proceed is the call log, MLJ-1. It
17 is a log consisting of the date and time of each call logged between Ms. Bidwell and
18 AEP Ohio, and the length of the call, if known. When I reference a particular call, I
19 will indicate who initiated the call and who received it.

20 Other exhibits requiring explanation is the transcriptions of recorded phone
21 calls, respectively exhibited as MLJ-2 and MLJ-3. The transcriptions are of two
22 recorded phone calls certified by Armstrong & Okey, LLC. The first call took place

1 on October 8, 2014. (MLJ-1 and MLJ-2). This call consists of Ms. Bidwell's initial
2 attempt to apply for service. (MLJ-2)

3 The second transcribed call took place on October 9, 2014 and lasts eighteen
4 seconds. (MLJ-1) It is a recording of an AEP Ohio representative trying to call Ms.
5 Bidwell at the only number she provided, and that number diverting the call directly
6 to a voicemail box which was full and unable to receive further voice messages.
7 (MLJ-2, page 3, line 18; MLJ-3)

8 **Q. PLEASE BRIEFLY DESCRIBE THE NATURE OF MS. BIDWELL'S**
9 **COMPLAINT?**

10 A. Ms. Bidwell claims that she attempted to establish an account with AEP Ohio
11 on October 8, 2014 by telephone. She states that she was instructed to pay a deposit
12 and that she paid the deposit in full that day. She further claims that AEP Ohio
13 never sent her a bill, disconnected her without notice on March 20, 2015, and that,
14 as a result, her medication and food were spoiled.

15 **Q. DID MS. BIDWELL CALL AEP OHIO IN AN ATTEMPT TO**
16 **REQUEST SERVICE?**

17 A. Yes, Ms. Bidwell called AEP Ohio on Wednesday, October 8, 2014, in an
18 attempt to request electric service from AEP Ohio (MLJ-1 and MLJ-2). During that
19 call, she gave one address for service and one address for mailing. For her service
20 address she provided 1051 Las Vegas Boulevard, Apartment 105, Columbus, Ohio
21 43240. For her mailing address she provided 1051 Las Vegas Boulevard, Apartment
22 10515, Columbus, Ohio 43240. No other addresses were given. (MLJ-2, page 7,
23 line 9 through Page 8, line 3). She also provided one phone number, and declined to

1 provide an alternative number. (MLJ-2, page 3, line 18-22) She further requested
2 paper billing statements. (MLJ-1 and MLJ-2, page 5, line 1-3)

3 **Q. WAS AN ACCOUNT ESTABLISHED IN MS. BIDWELL'S NAME ON**
4 **OCTOBER 8, 2014?**

5 A. No, Ms. Bidwell failed to complete the customer application for service. Ms.
6 Bidwell never completed the questionnaire provided to AEP Ohio by Experian
7 prompted by a fraud alert. Therefore, Ms. Bidwell's application for service was
8 never completed and Ms. Bidwell was never a customer of AEP Ohio.

9 **Q. WHY DOES A FRAUD ALERT PREVENT MS. BIDWELL FROM**
10 **IMMEDIATELY ESTABLISHING AN ACCOUNT?**

11 A. Though Ms. Bidwell provided other personally identifying information in her
12 initial call to AEP Ohio on October 8, 2014, Ms. Bidwell's application for service is
13 incomplete until she answers the Experian Questionnaire verifying her identity,
14 which she never did. As I have mentioned and will explain below, AEP Ohio
15 attempted to contact Ms. Bidwell by telephone and mail, on October 9 and 10,
16 2014, respectively, in order to ask her the Experian Questionnaire, which, when
17 complete satisfies the Lease and Identification requirement. (Please see MLJ-12 for
18 evidence that AEP Ohio's system displayed such a requirement)

19 The fraud alert Experian Questionnaire conducted by AEP Ohio protects
20 customers against identity theft. Generally, when a customer's identity is stolen or
21 compromised, thieves have access to critical customer information such a copies of
22 driver's license, social security numbers, date of birth, etc. Therefore, individuals
23 like Ms. Bidwell, by herself or through an agent, sometimes protect themselves

1 against identity theft by placing a fraud alert on their identity. When AEP Ohio
2 sees that an individual has a fraud alert, AEP Ohio honors that individual's interest
3 in protecting his/her identity, and conducts the Experian Questionnaire prior to
4 completing the application for electric service.

5 **Q. WHEN IN THE APPLICATION PROCESS DOES AEP OHIO LEARN**
6 **THAT A FRAUD ALERT IS PRESENT?**

7 **A.**AEP Ohio is notified by a credit agency shortly after the initial application is
8 submitted. Here, Ms. Bidwell called to submit her initial application on October 8,
9 2014. (MLJ-1 and MLJ-2). Her application, however, was incomplete because she
10 needed to submit a deposit and complete the Experian Questionnaire in light of the
11 fraud alert on her identity. (See MLJ-12 to see that on October 8, 2014, the same
12 day she initially called, AEP Ohio is notified of the Lease and Identification
13 requirement for Ms. Bidwell because of the fraud alert)

14 **Q. WHAT ACTION DID AEP OHIO TAKE AFTER NOTING A FRAUD**
15 **ALERT ON MS. BIDWELL'S IDENTITY?**

16 An AEP Ohio representative called Ms. Bidwell on Thursday, October 9,
17 2014 to ask her the Experian Questionnaire in order to receive positive
18 identification and complete the Lease and Identification requirement. As the
19 transcribed and certified recorded call indicates, however, Ms. Bidwell's voice
20 messaging box was full and the AEP Ohio representative was therefore unable to
21 leave a voice message. (MLJ-1; MLJ-3; MLJ-12)

22 In addition, AEP Ohio sent a letter on October 10, 2014 to Ms. Bidwell at the
23 address she gave to AEP Ohio in her initial application phone call. (MLJ-2, page 7,

1 line 9 through page 8, line 3; MLJ-4) In that letter, AEP Ohio stated that the
2 Company had received the request to open service in her name, but that additional
3 information was needed before that request could be completed. It then states that
4 failure to respond to the letter will result in the cancellation of the request for
5 service and that service will be disconnected on or after October 19, 2014. Ms.
6 Bidwell was given an AEP Ohio number to contact in order to give that additional
7 needed information. (MLJ-4)

8 **Q. WHAT INFORMATION DOES THE EXPERIAN QUESTIONNAIRE**
9 **ASK FOR?**

10 A. It asks applicants specific questions that no one else would know but the
11 actual person named in the application. For instance, the tool may prompt AEP
12 Ohio to ask what city the applicant resided in 1994. Using this system allows AEP
13 Ohio to ensure that the person trying to open an account is actually the person they
14 claim to be. It is a customer protection measure.

15 **Q. DOES AEP OHIO ASK THE EXPERIAN QUESTIONNAIRE TO ALL**
16 **CUSTOMERS OPENING NEW ACCOUNTS?**

17 A. No, AEP Ohio only asks the Experian Questionnaire to customers whose
18 name indicates a fraud alert.

19 **Q. WOULD CALL CENTER REPRESENTATIVES KNOW ABOUT A**
20 **FRAUD ALERT ON AN APPLICANT'S IDENTITY?**

21 A. No. AEP call center representatives would not know on an initial call for the
22 application of service whether an individual has a fraud alert on her identity. If a
23 fraud alert exists, a credit agency notifies AEP Ohio shortly after the initial call for

1 application and AEP Ohio will then attempt to contact the applicant for the
2 additional information needed. Here, Ms. Bidwell started her application for service
3 on October 8, 2014 (MLJ-1 and MLJ-2). A fraud alert was flagged on her
4 application that same day and then AEP Ohio tried to contact Ms. Bidwell by phone
5 and mail on October 9, 2014 and October 10, 2014, respectively. (MLJ-1; MLJ-3;
6 MLJ-4)

7 **Q. ON WHAT DATE DID MS. BIDWELL REQUEST SERVICE TO**
8 **START?**

9 A. In Ms. Bidwell's initial call (made on Wednesday October 8, 2014) to AEP
10 Ohio, she requested that service start by her move-in date, which was that Friday or
11 Saturday, October 10, 2014 and October 11, 2014, respectively. She was informed
12 that AEP Ohio could start service on Friday, October 10, 2014, to which Ms.
13 Bidwell agreed. (MLJ-1 and MLJ-2, page 2, line 19 through page 3, line 7)

14 **Q. DESPITE THE ATTEMPTED CALL AND THE DELIVERED**
15 **LETTER, DID MS. BIDWELL CONTACT AEP OHIO AS REQUESTED?**

16 A. No, Ms. Bidwell did not contact AEP Ohio to give the additional requested
17 information despite the requests from AEP Ohio to do so. As a result, Ms. Bidwell's
18 application was never completed and her request for service was cancelled. With a
19 fraud alert on Ms. Bidwell's identity, and without the additional information AEP
20 requested for positive identity, AEP Ohio could not assume the application was
21 valid, or that the individual asking to request service was actually Jane Bidwell.

22 **Q. WHAT EVIDENCE DOES AEP OHIO HAVE THAT INDICATES**
23 **THAT LETTERS WERE SENT TO MS. BIDWELL ON OCTOBER 10, 2014?**

1 A. AEP Ohio sent a letter on October 10, 2014 to Ms. Bidwell at the address she
2 specified in her initial call to AEP Ohio. AEP Ohio's system kept a copy of the
3 letter sent. (MLJ-2, page 7, line 9 through page 8, line 3). Moreover, AEP Ohio
4 mailed two deposit letters to Ms. Bidwell at the same address on October 9, 2014,
5 and copies of those letters were kept in AEP Ohio's system. (MLJ-5 and MLJ-6).
6 AEP Ohio also sent a return deposited check to that same address in December of
7 2014. Ms. Bidwell cashed that deposit check. (MLJ-7, please see address on check
8 and Ms. Bidwell's endorsement on the back of the check). There was nothing else
9 within reason that AEP Ohio could have done to ensure that Ms. Bidwell received
10 the letter.

11 **Q. WHY DID AEP OHIO SEND MS. BIDWELL A DEPOSIT**
12 **REQUIREMENT LETTER ON OCTOBER 9, 2014?**

13 A. AEP automatically generates a letter when a customer calls if additional
14 requirements are needed in order to complete the application for service. When Ms.
15 Bidwell called, she had a deposit requirement, so the system automatically
16 processed a letter to go out the next day detailing her deposit requirements. (MLJ-5
17 and MLJ-6).

18 **Q. WHY DID AEP OHIO NOT DISCONNECT IMMEDIATELY WHEN**
19 **THE PENDING REQUEST FOR SERVICE WAS CANCELLED?**

20 A. AEP Ohio does not automatically disconnect service when a request to open
21 service is cancelled. AEP Ohio generally leaves power on between customers at
22 locations for convenience of the customer and cost saving benefits. For example, in
23 apartment complexes, such as where Ms. Bidwell lived, if customers are moving in

1 and out within a short period of time, the cost to send a meter technician to
2 disconnect the meter and then reconnect is not a cost we want to pass onto
3 customers. In addition, new customers moving in would have to wait one to three
4 business days to get service connected and many customers may not plan that far
5 ahead.

6 In Ms. Bidwell's case, the system did not show that a customer had moved in
7 or had moved out because AEP Ohio has no way of knowing that and there was no
8 customer of record at that location. Therefore, our system assumes a new customer
9 is going to move into a residence. The exception to this scenario would be if the
10 company sees usage on the meter without a customer of record at the premise.

11 **Q. DID USAGE SHOW ON THE METER AT THE SERVICE ADDRESS**
12 **MS. BIDWELL LISTED IN HER INITIAL REQUEST-FOR-SERVICE**
13 **CALL?**

14 **A.** Usage did show, but that usage did not indicate that someone was occupying
15 the residence. Many times customers move out and leave on a heater or air-
16 conditioner, or leave all the appliances plugged-in. Also, realtors or apartment
17 managers leave lights on after showing properties to prospective buyers. In all of
18 these cases, usage will occur and fluctuate when the residential property is vacant.
19 Therefore, even though the meter showed usage at the service address in question,
20 there was no way for AEP Ohio to know someone was occupying that location.

21 (MLJ-8)

22 **Q. DID MS. BIDWELL RECEIVE ANY BILLS FROM AEP OHIO**
23 **DURING THE TIME PERIOD OF OCTOBER 8, 2014 TO MARCH 20, 2015?**

1 A. No, since Ms. Bidwell never completed the steps needed to become a
2 customer of record, she never received any bills for electric.

3 **Q. PRIOR TO THE DISCONNECTION AT ISSUE, DID MS. BIDWELL**
4 **CALL AEP OHIO ANYTIME BETWEEN OCTOBER 9, 2014 AND MARCH**
5 **20, 2015 TO INQUIRE INTO WHY SHE WAS NOT RECEIVING ANY**
6 **BILLS?**

7 A. No. Please see MLJ-1 to observe the absence of such calls.

8 **Q. DID MS. BIDWELL CALL AEP OHIO AT ANYTIME PRIOR TO**
9 **BEING DISCONNECTED TO INQUIRE WHY SHE RECEIVED HER**
10 **DEPOSIT BACK IN DECEMBER OF 2014?**

11 A. No. Please see MLJ-1 to observe the absence of such calls.

12 **Q. WHEN WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

13 A. Friday, March 20, 2015.

14 **Q. WHY WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

15 A. Because there had been no customer of record at the service address in
16 question for months and there was usage being registered on the meter.

17 **Q. WHAT TIME WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

18 A. Sometime prior to noon. Per the rules, AEP Ohio does not disconnect
19 customers past noon on Fridays.

20 **Q. WHEN DID MS. BIDWELL FIRST CONTACT AEP OHIO ABOUT**
21 **BEING DISCONNECTED?**

22 A. Records reflect that Ms. Bidwell called AEP Ohio on March 20, 2015 around
23 1:45 p.m. to report that her service was disconnected. (MLJ-1)

1 **Q. MS. BIDWELL CLAIMS SHE WAS NOT GIVEN ANY TYPE OF**
2 **DISCONNECTION NOTICE—IS THIS TRUE?**

3 A. Ms. Bidwell was given a disconnection notice in the October 10, 2014 letter
4 which stated that if AEP Ohio did not receive the additional information needed,
5 service would be disconnected. (MLJ-4) Also, AEP Ohio did not know anyone was
6 living at the address at issue in this complaint when service was disconnected on
7 March 20, 2015. AEP Ohio had no customer of record associated with that address.

8 **Q. HAVE YOU REVIEWED THE RECORDED PHONE CALLS**
9 **BETWEEN AEP OHIO AND MS. BIDWELL ON MARCH 20, 2015?**

10 A. Yes. (See MLJ-1)

11 **Q. WHEN MS. BIDWELL MADE HER INITIAL CALL TO AEP TO**
12 **REPORT THAT SHE WAS DISCONNECTED, WHAT TIMELINE WAS**
13 **SHE GIVEN THAT NEW SERVICE COULD BE ESTABLISHED?**

14 A. The agent explained to Ms. Bidwell that service would be restored in one to
15 three business days. Because Ms. Bidwell was never a customer of record, Ms.
16 Bidwell was a new customer and it takes one to three business days to connect new
17 customers for service.

18 **Q. DID MS. BIDWELL MAKE A SECOND CALL TO AEP AFTER SHE**
19 **WAS DISCONNECTED ON FRIDAY, MARCH 20, 2015?**

20 A. Yes, Ms. Bidwell called AEP Ohio around 10:23 p.m. that same day on
21 Friday, March 20, 2015.

22 **Q. WHEN WAS NEW SERVICE ESTABLISHED?**

1 A. On Monday, March 23, 2015, within the one to three business day time period
2 given to Ms. Bidwell. Service was established in one business day.

3 **Q. DID MS. BIDWELL HAVE TO PAY A DEPOSIT AND ANSWER THE**
4 **EXPERIAN QUESTIONNAIRE WHEN INITIATING A NEW ACCOUNT**
5 **ON MARCH 20, 2015?**

6 A. Yes, Ms. Bidwell called to set-up a new account; she paid a deposit on March
7 20, 2015; and answered the Experian Questionnaire on March 23, 2015, completing
8 the Lease and Identification requirement. (MLJ-13) Therefore, she completed the
9 application and became an AEP Ohio customer for the first time.

10 **Q. WERE THERE ANY OTHER CALLS BETWEEN AEP OHIO AND**
11 **MS. BIDWELL RELEVANT TO THE ISSUE IN THIS COMPLAINT?**

12 A. Yes. Two calls were made on March 23, 2015 to Ms. Bidwell from an AEP
13 representative investigating a complaint Ms. Bidwell made to AEP. The
14 representative was able to get Ms. Bidwell's service restored that same day, March
15 23, 2015, one business day after her application was started. On March 31, 2015,
16 that same representative called Ms. Bidwell to discuss the details regarding her
17 account and to discuss her complaint, leaving a voice message for Ms. Bidwell. Ms.
18 Bidwell returned the call to the representative on that same date, March 31, 2015,
19 asking some billing questions. On April 1, 2015 a claims representative left a
20 message for Ms. Bidwell regarding her claim for lost food and medication. Ms.
21 Bidwell returned the call the same day and spoke to the representative. On May 5,
22 2015 a customer service representative contacted Ms. Bidwell to discuss a complaint
23 made by Ms. Bidwell to the Better Business Bureau and left a voicemail. Ms.

1 Bidwell called that representative back to discuss customer's claim for lost food and
2 medicine. On May 13, 2015, Ms. Bidwell contacted the same representative she
3 spoke with on March 23, 2015, discussing generally what has already been detailed
4 in this paragraph.

5 **Q. WAS A DAMAGE CLAIM FILED BY MS. BIDWELL WITH AEP FOR**
6 **HER ALLEGED LOST FOOD AND LOST MEDICATION?**

7 A. Yes, it was denied. On April 1, 2015, it was denied because AEP Ohio's
8 investigation determined that a valid disconnect occurred. (MLJ-9). In that letter, the
9 terms and conditions of the Ohio Power Company Standard Tariff, Section 19 were
10 attached. (MLJ-10 is the current Section 19 of the Tariff).

11 **Q. CAN YOU BRIEFLY DESCRIBE MS. BIDWELL'S ACCOUNT**
12 **HISTORY?**

13 A. Yes, I have her account history from October 8, 2014 to September 1, 2015.
14 Her first pending account was finaled. On that pending account, she paid an \$82.00
15 on October 8, 2014, and her deposit refund of \$82.00 was triggered in the system on
16 December 9, 2014. (MLJ-11). She did not, however, complete the required Experian
17 Questionnaire; hence she did not complete the Lease and Identification requirement.
18 (MLJ-12).

19 On March 20, 2015, the date of disconnection, a second attempt to initiate
20 service was made. During this attempt, Ms. Bidwell paid an \$82.00 deposit. She
21 answered the Experian Questionnaire for this account application on March 23,
22 2015, completing the Lease and Identification requirement. The application was

1 therefore complete and she was now an AEP Ohio customer for the first time. (MLJ-
2 13)

3 Ms. Bidwell's payment history since becoming a customer in March of 2015
4 is as follows: on March 23, 2015, a bill for Ms. Bidwell's usage from October of
5 2014 to February of 2015 was generated indicating \$680.73 was due on April 8,
6 2015. Her March bill indicated \$114.66 was due on April 9, 2015. Ms. Bidwell paid
7 two separate amounts on April 10, 2015, one for \$500.00 and another for \$295.39.
8 Ms. Bidwell paid her April bill, due on May 11, 2015, on May 26, 2015. She paid
9 her May bill, due on June 11, 2015, on June 18, 2015. She paid her June bill, due on
10 July 10, 2015, on July 15, 2015. She paid her July bill, due on August 12, 2015, on
11 August 13, 2015. Lastly, an August bill was generated and due on September 10,
12 2015. (MLJ-11).

13 **Q. PLEASE SUMMARIZE YOUR TESTIMONY.**

14 A. On October 8, 2014, Ms. Bidwell called AEP Ohio to initiate service. Her
15 application, however, was not complete at the end of this call because she needed to
16 make a deposit and answer the Experian Questionnaire in light of a fraud alert. The
17 Experian Questionnaire is asked of all customers with a fraud alert in order to protect
18 customers from identity theft. In order to gather the additional information needed
19 for the Experian Questionnaire, an AEP Ohio representative called Ms. Bidwell on
20 October 9, 2014 at the only number she provided, though she was given the option to
21 provide an alternate number. That call was diverted to an automated voice
22 messaging system which was unable to receive further messages since the inbox was
23 full.

1 AEP Ohio also mailed a letter to Ms. Bidwell on October 10, 2014 at the only
2 address she provided. That letter stated that AEP Ohio needed additional information
3 in order to complete her request for service or service would be disconnected. Ms.
4 Bidwell never responded and so the application was never completed. At the service
5 address in question, then, no customer of record existed. Usage showed on the meter
6 but, as explained, that does not mean that someone is living at the residence—people
7 often leave the heat, air-conditioner or lights on at a location between residents. In
8 addition, it takes one to three business days to connect a new customer, so it is more
9 convenient for new customers to have electric service on when they move into a new
10 residence.

11 AEP Ohio disconnected at the location at issue on March 20, 2015 because
12 usage showed on the meter and no customer of record existed. AEP Ohio had no
13 reasonable means of knowing a person lived there. After disconnection, Ms. Bidwell
14 initiated an account, paid a deposit, and answered the Experian Questionnaire. She
15 therefore completed an application for service in March of 2015 and became an AEP
16 Ohio customer for the first time.

17 **Q. DOES THIS CONCLUDE YOUR TESTIMONY?**

18 **A. Yes.**

Call Log

Date	Time (EST)	Length
10/8/2014	10:08	13:54
10/9/2014	9:47	0:18
3/20/2015	1:45	12:45
3/20/2015	10:23	4:47
3/20/2015	10:43	Unknown
3/23/2015	Unknown	Unknown
3/23/2015	Unknown	Unknown
3/31/2015	Unknown	Unknown
3/31/2015	Unknown	Unknown
4/1/2015	1:40	Unknown
4/1/2015	1:51	Unknown
5/5/2015	Unknown	Unknown
5/5/2015	Unknown	Unknown
5/13/2015	11:44	3:28

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of the	:	
Complaint of:	:	
	:	
Jane Ann Bidwell,	:	
	:	
Complainant,	:	
	:	
vs.	:	Case No. 15-1020-EL-CSS
	:	
American Electric Power,	:	
	:	
Respondent.	:	

- - -

TELEPHONE CONVERSATION

between Misty, AEP Customer Service Representative,
and Jane Bidwell, Complainant.

- - -

ARMSTRONG & OKEY, INC.
222 East Town Street, Second Floor
Columbus, Ohio 43215-5201
(614) 224-9481 - (800) 223-9481
FAX - (614) 224-5724

- - -

1 MISTY: Good morning. My name is Misty.

2 May I have your name, please?

3 JANE: My name is Jane Bidwell,

4 B-I-D-W-E-L-L.

5 MISTY: And, Jane, do you have the
6 account number that you're calling about today?

7 JANE: Yes. I'm hoping to open up a new
8 account because I'm moving to the area.

9 MISTY: Okay.

10 JANE: I've never lived in Columbus
11 before.

12 MISTY: What's the new service address?

13 JANE: It's 1051 Las Vegas Boulevard,
14 Apartment 105.

15 MISTY: And what city?

16 JANE: Columbus.

17 MISTY: You said Apartment 105?

18 JANE: Yes.

19 MISTY: Okay. Any access issues that you
20 are aware of to the meter? Gates? Dogs? Anything
21 like that?

22 JANE: I'm not going to be moving in
23 until Friday so or Saturday so, no, not until
24 Saturday.

1 MISTY: Okay. And --

2 JANE: I will have a dog at that point.

3 MISTY: Okay. So but we would need to
4 start the service Mon -- or Friday because we --

5 JANE: Yes.

6 MISTY: -- don't do weekends so.

7 JANE: Yeah, yeah, yeah. That's fine.

8 MISTY: What was your first and last name
9 again? Jane Tidwell?

10 JANE: Bidwell, B as in boy --

11 MISTY: Bidwell.

12 JANE: -- I-D-W-E-L-L.

13 MISTY: And your middle initial?

14 JANE: A.

15 MISTY: Social Security No.?

16 JANE: [REDACTED]

17 MISTY: Home phone number?

18 JANE: (937) 760-0976.

19 MISTY: Is there an alternate number you
20 would like to put on the account?

21 JANE: I don't because I'm not going to
22 get a home phone while I'm here for this year.

23 MISTY: Okay. And date of birth?

24 JANE: [REDACTED].

1 MISTY: And your current employer?

2 JANE: OhioHealth.

3 MISTY: What do you do for them?

4 JANE: I'm an IT credential trainer.

5 MISTY: Phone number there at work?

6 JANE: I don't know one and I honestly
7 don't even have a desk because I'll be in a classroom
8 and we don't have phones in there.

9 MISTY: And your driver's license number?

10 JANE: Oh, shit. I have to go get it.
11 It's [REDACTED] -- sorry about that. It is Ohio. Hang on.
12 I am going to walk all the way up to my of -- the
13 classroom. Hold on.

14 MISTY: Uh-huh.

15 JANE: Crap. I didn't bring that. I
16 brought my -- I'm wondering because I've never been
17 your customer if I have to put a deposit down.

18 MISTY: Yeah. I'm not sure until the
19 next screen.

20 JANE: Okay. Hang on. Let me go get it.
21 It's a long walk. It's a big training center.

22 MISTY: Okay. Do you have an e-mail
23 address you would like to put on the account?

24 JANE: Sure. Jane.Bidwell03@Hotmail.

1 MISTY: And did you want paperless
2 statements?

3 JANE: No. I want paper.

4 MISTY: Okay.

5 JANE: All right. All you're going to
6 need is my driver's license, right?

7 MISTY: Correct.

8 JANE: Okay. Let me pull that out. Hang
9 on. Let me step out, have some privacy. Okay.

10 [REDACTED] --

11 MISTY: Uh-huh.

12 JANE: -- [REDACTED] -- damn, the printing is
13 small. Can you read this? Hang on. Just my license
14 No. [REDACTED]? Yes, [REDACTED].

15 MISTY: Thank you. Don't feel bad. I
16 have to do the same thing.

17 JANE: Damn, I really can't see that
18 print. (Inaudible.)

19 MISTY: My boyfriend is nine years
20 younger than me. And I'm always like what does that
21 say. Like I don't have my stupid glasses. And he
22 just looks at me and shakes his head. I'm like shut
23 up.

24 JANE: I now have multiple magnifying

1 glasses around the house.

2 MISTY: Yeah, and that's what I've done.
3 You know, I'm -- I'm getting to the point I'm ready
4 for like the no line bifocal where they can sharpen
5 my distance --

6 JANE: Yeah.

7 MISTY: -- but it's mainly for reading.
8 So I've got a lot of reading glasses I picked up at
9 like the dollar store.

10 JANE: Yeah.

11 MISTY: And, you know, it would be too
12 smart of me to put a pair in my wallet, you know --
13 in my purse, you know, so I can actually read the
14 menu when we go out to the restaurant or.

15 JANE: Does it say I'm going to have to
16 have a deposit?

17 MISTY: Yes. It is \$82.

18 JANE: Okay.

19 MISTY: That is due --

20 JANE: Let me give you my debit card.

21 MISTY: Actually we don't take payment
22 here. What I'll do is give you an account number and
23 phone number where you'll call and make the payment.

24 JANE: Okay.

1 MISTY: You -- you can also be set up for
2 auto draft where we can automatically take your
3 payment each month for you. You still get a bill, of
4 course.

5 JANE: Okay. Give me -- give me the
6 account number.

7 MISTY: Not quite there yet.

8 JANE: Okay.

9 MISTY: We are going to send your
10 statements there to the 1051 Las Vegas Boulevard,
11 Suite 105.

12 JANE: Okay.

13 MISTY: And --

14 JANE: Actually the mailing address is
15 slightly different because it's -- the mailing
16 address, it is 1051 Las Vegas Boulevard, but then for
17 the mailman the apartment number changes a little bit
18 from what the service for you guys is.

19 MISTY: What is -- what does it change
20 to?

21 JANE: 10515.

22 MISTY: Oh, Lord. Okay. And 43240. And
23 Apartment 10 --

24 JANE: 515.

1 MISTY: -- 5 --

2 JANE: Where you turn the service on is

3 Apartment 105 but the mailing address becomes 10515.

4 MISTY: Okay. I updated that for you.

5 JANE: All right. God knows I wouldn't

6 want to confuse the mailman.

7 MISTY: No, not at all. Okay. Your

8 account number, are you ready?

9 JANE: Yeah.

10 MISTY: Is [REDACTED] --

11 JANE: Uh-huh.

12 MISTY: -- [REDACTED] --

13 JANE: Okay.

14 MISTY: -- [REDACTED] --

15 JANE: Okay.

16 MISTY: -- [REDACTED].

17 JANE: Okay.

18 MISTY: The phone number that you'll call

19 to make your payment is 800 --

20 JANE: Uh-huh.

21 MISTY: -- 611 --

22 JANE: Okay.

23 MISTY: -- 0964.

24 JANE: Okay. And that's for the deposit.

1 MISTY: Of \$82, correct.
2 JANE: Okay.
3 MISTY: All right. Jane, anything --
4 JANE: Thank you.
5 MISTY: -- else I can help you with?
6 JANE: No, I'm good. Thanks.
7 MISTY: Have a great day.
8 JANE: And this will be turned in my name
9 on Friday, correct?
10 MISTY: That is correct.
11 JANE: Okay. Thank you.
12 MISTY: Uh-huh. Bye-bye.
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CERTIFICATE

I do hereby certify that the foregoing is
a true and correct transcript of the proceedings
recorded by audiotape and transcribed by me in this
matter.

Karen Sue Gibson, Registered
Merit Reporter.

(KSG-6192)

- - -

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of the	:	
Complaint of:	:	
	:	
Jane Ann Bidwell,	:	
	:	
Complainant,	:	
	:	
vs.	:	Case No. 15-1020-EL-CSS
	:	
American Electric Power,	:	
	:	
Respondent.	:	

- - -

AUTOMATED VOICE MESSAGING SYSTEM RECORDING

- - -

ARMSTRONG & OKEY, INC.
 222 East Town Street, Second Floor
 Columbus, Ohio 43215-5201
 (614) 224-9481 - (800) 223-9481
 FAX - (614) 224-5724

- - -

1 AUTOMATED MESSAGE: Your call has been
2 forwarded to an automated voice messaging system.
3 (937) 760-0976 is not available. The mailbox is full
4 and cannot accept any messages at this time.
5 Goodbye.

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CERTIFICATE

I do hereby certify that the foregoing is
a true and correct transcript of the proceedings
recorded by audiotape and transcribed by me in this
matter.

Karen Sue Gibson, Registered
Merit Reporter.

(KSG-58)

- - -



A unit of American Electric Power

ML3-4

4500 S Hamilton Rd
Groveport, OH 43125-0563

1671-1

960001671 01 AT 0.408



JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

Service Address:
1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 10, 2014

Account Number: [REDACTED]

Dear Jane A Bidwell:

American Electric Power recently received your request to open electric service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide this service, additional information is needed. Failure to contact AEP by October 19, 2014, will result in the cancellation of your request for service without further notice. If service at this address is currently on, it may be disconnected on or after that date.

Please contact AEP at 1-866-339-5574, representatives are available Monday thru Friday between the hours of 7:00 AM and 3:30 PM central time. Outside of those hours, you may leave a voice message providing a daytime phone number and we will return your call.

Thank you for your immediate attention regarding this matter.

AEP OHIO IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK



A unit of American Electric Power

4500 S Hamilton Rd
Groveport, OH 43125-9563

MLJ-S

1043-2



JANE A BIDWELL
1051 LAS VEGAS BLVD APT 1051S
COLUMBUS, OH 43240-1541

Service Address:
1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 9, 2014

Account Number: [REDACTED]

Dear Jane A Bidwell:

NOTICE FORM NO. 1
(Requests for New Service)

American Electric Power recently received a request to initiate electric service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide this service, the following action(s) must be taken or information must be provided:

1 Obligation 1: Required Deposit

\$82.00

If the requirements have not been met by October 18, 2014, AEP will cancel your request for service without further notice. If a payment is required, please include the account number shown above on your payment and mail to the following address: **AEP, PO Box 24417, Canton, OH 44701-4417**. For other payment options, please contact our Customer Solutions Center at 1-800-672-2231 or visit our website at www.aepohio.com. If a deposit is being requested and you prefer not to pay a cash deposit, you may be able to use a guarantor. The guarantor must be an AEP customer within the same company and have acceptable credit. *Please disregard this notice if payment has been made.*

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has a capacity to enter into a binding contract) or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the Company, is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. Ohio laws against discrimination require that all creditors make credit available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission, 200 Parsons Avenue, Columbus, Ohio 43266, phone (614)466-5928, administers compliance with this law.

If you have any questions regarding your request, you may contact AEP at 1-800-672-2231. You may also contact the Public Utilities Commission at 1-800-686-7826 or the Office of Consumers' Counsel at 1-800-282-9448.

AEP OHIO IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK

Bidwell Sat 1-2 Attachment 6



MLJ-6

PO Box 24401
Columbus, OH 43201-4401

1043-1
960001043 01 AT 0.408



JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

Service Address:
1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 9, 2014

Account Number: [REDACTED]

Dear Jane A Bidwell:

AEP Ohio recently received a request to initiate service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide service, a security deposit in the amount of \$82.00 will need to be paid.

Our decision to require a deposit is based on information obtained in a report from Experian. Your credit score can change, depending on how the information in your consumer report changes.

- ☐ Your credit score [REDACTED] was generated on the following date: October 8, 2014
- ☐ Score range from 1 to 999

Key factors that adversely affected your credit score

- ☐ Service/professional account not current
- ☐ Recently opened account not current
- ☐ Number of accounts recently opened
- ☐ Percentage of accounts presently not current
- ☐ Number of accounts with recent activity

The credit score used by AEP Ohio is the Experian Telecommunications, Energy and Cable Risk Model (TEC Model), a utility industry-specific scoring model which uses information contained in the consumer credit file to predict how consumers will pay their utility bills.

You have the right under the Federal Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. You also have the right to a free copy of your credit report from the reporting agency, if you request it no later than sixty (60) days after you receive this notice. In addition, if you find that any information contained in the report is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

If you have any questions regarding your credit score, you should contact Experian at:

Experian
701 Experian Parkway
PO Box 2002
Allen, TX 75013
www.experian.com/reportaccess
1-866-244-6581

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has a capacity to enter into a binding contract) or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the Company, is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

MLJ-7

THIS CHECK MUST BE DEPOSITED IN A CHECKING ACCOUNT WITHIN 60 DAYS OF THE DATE OF ISSUANCE

ATP AMERICAN ELECTRIC POWER

2700000 0000
Pay To the Order of
Pay Number 12 1514

Check Number: 8000174200
Issue Date: 12-15-14

PAY TO THE ORDER OF
EIGHTY TWO DOLLARS AND 00 CENTS

TO THE ORDER OF
JANE A BIDWELL
1054 LAS VEGAS BLVD APT 10515
COLUMBUS OH 43240-1541

DOLLARS 00/100
*****82 00

Jane Williams
Authorized Signature

011619 1852 PA1875 4251 XXXXXXXXXX002813 0

Jane Williams

MLJ-8

Usage Data for Jane Bidwell as of September 1, 2015

Date	Billing KWH
8/25/2015	709
7/25/2015	562
6/24/2015	588
5/23/2015	560
4/23/2015	664
3/24/2015	734
2/23/2015	1224
1/24/2015	1149
12/22/2014	790
11/19/2014	641
10/22/2014	493



A unit of American Electric Power

MJ-9
P.1

April 1, 2015

Jane Bidwell
1051 Las Vegas Blvd Suite 10515
Columbus, Ohio 43240

RE: AEP Claim #: [REDACTED]
Date of Loss: March 20, 2015

Dear Ms. Bidwell:

We are responding to your recent claim for damages.

American Electric Power's policy has always been that we will honor any claim for damages suffered by our customers for which we are responsible.

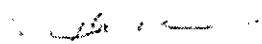
We cannot, however, be responsible for damages that result, either directly or indirectly, from causes beyond our control. Some examples of these are windstorms, vandalism, vehicles striking our equipment, failure of equipment due to conditions that could not be anticipated, animals, lightning, snow and ice, and so forth.

Our investigation shows that this was a valid disconnect.

Attached for your review is a copy of the applicable portion of the Terms and Conditions of Service for the Ohio Power Company, which are on file with and approved by the Public Utility Commission of Ohio.

We will therefore be unable to honor your claim.

Sincerely,


Angela Hall
Risk & Insurance Management
1 Riverside Plaza, 2nd Floor
Columbus, Ohio 43215
Phone: 614-716-2558
Fax: 614-716-6538

P.U.C.O. NO. 20

TERMS AND CONDITIONS OF SERVICE

19. COMPANY'S LIABILITY

The Company will use reasonable diligence in furnishing a regular and uninterrupted supply of energy but does not guarantee uninterrupted service. The Company shall not be liable for damages in case such supply should be interrupted or fail by reason of an act of God, the public enemy, accidents, labor disputes, orders or acts of civil or military authority, breakdowns or injury to the machinery, transmission lines, distribution lines or other facilities of the Company, extraordinary repairs, or any act of the Company, including the interruption of service to any customer, taken to prevent or limit the extent or duration of interruption, instability or disturbance on the electric system of the Company or any electric system interconnected, directly or indirectly, with the Company's system, whenever such act is necessary or indicated in the sole judgment of the Company.

The Company shall not be liable for any loss, injury, or damage resulting from the customer's use of the customer's equipment or occasioned by the energy furnished by the Company beyond the delivery point. Unless otherwise provided in a contract between the Company and customer, the point at which service is delivered by the Company to the customer, to be known as "delivery point", shall be the point at which the customer's facilities are connected to the Company's facilities. The metering device is the property of the Company; however, the meter base and all internal parts inside the meter base are customer owned and are the responsibility of the customer to install and maintain. The Company shall not be liable for any loss, injury, or damage caused by equipment which is not owned, installed and maintained by the Company.

The customer shall provide and maintain suitable protective devices on the customer's equipment to prevent any loss, injury, or damage that might result from single phasing conditions or any other fluctuation or irregularity in the supply of energy. The Company shall not be liable for any loss, injury, or damage resulting from a single phasing condition or any other fluctuation or irregularity in the supply of energy which could have been prevented by the use of such protective devices. The Company shall not be liable for any damages, whether direct or consequential, including, without limitations, loss of profits, loss of revenue, or loss of production capacity occasioned by interruptions, fluctuations or irregularity in the supply of energy.

The Company is not responsible for loss or damage caused by the disconnection or reconnection of its facilities. The Company is not responsible for loss or damages caused by the theft or destruction of Company facilities by a third party.

Except as otherwise provided in this Section, the Company shall be liable to the customer for damage directly resulting from interruptions, irregularities, delays, or failures of electric service, caused by the negligence of the Company or its employees or agents, but any such liability shall not exceed the cost of repairing, or actual cash value, whichever is less, of equipment, appliances, and perishable food stored in a customer's residence damaged as a direct result of such negligence. The customer must notify the Company of any claim based on such negligence within thirty days after the interruption, irregularity, delay or failure begins. The Company shall not be liable for consequential damages of any kind. This limitation shall not relieve the Company from liability which might otherwise be imposed by law with respect to any claims for personal injuries to the customer.

The Company will provide and maintain the necessary line or service connections, transformers (when same are required by conditions of contract between the parties thereto), meters and other apparatus which may be required for the proper measurement of and protection to its service. All such apparatus shall be and remain the property of the Company and the Company shall

Filed pursuant to Orders dated December 14, 2011 in Case Nos. 11-346-EL-SSO, 11-348-EL-SSO, 11-351-EL-AIR and 11-352-EL-AIR

Issued: December 22, 2011

Effective: January 1, 2012

Issued by
Pablo Vegas, President
AEP Ohio

P.U.C. NO. 20

TERMS AND CONDITIONS OF SERVICE

be granted ready access to the same, except to read inside meters. Such access to inside meters shall be granted upon reasonable request to residential customers during regular business hours.

Approval of the above schedule language by the Commission does not constitute a determination by the Commission that the limitation of liability imposed by the Company should be upheld in a court of law. Approval by the Commission merely recognizes that since it is a court's responsibility to adjudicate negligence and consequent damage claims, it is also the court's responsibility to determine the validity of the exculpatory clause.

20 RESIDENTIAL SERVICE

The Residential Customer is a customer whose domestic needs for electrical service are limited to their primary single family residence, single occupancy apartment and/or condominium, mobile housing unit, or any other single family residential unit. Individual residences shall be served individually under a residential service schedule. The customer may not take service for two (2) or more separate residences through a single meter under any schedule, irrespective of common ownership of the several residences, except that in the case of an apartment house with a number of individual apartments the landlord shall have the choice of providing separate wiring for each apartment so that the Company may supply each apartment separately under the residential schedule, or of purchasing the entire service through a single meter under the appropriate general service schedule.

Where a single-family house is converted to include separate living quarters or dwelling units for more than one family, or where two (2) or more families occupy a single-family house with separate cooking facilities, the owner may, instead of providing separate wiring for each dwelling unit, take service through a single meter under the residential service schedule. In such case, there will be a single customer charge, but the quantity of kilowatt-hours in each block will be multiplied by the number of dwelling units or families occupying the building.

The residential service schedule shall cease to apply to that portion of a residence which becomes primarily used for business, professional, institutional or gainful purposes. Under these circumstances, customer shall have the choice: (1) of separating the wiring so that the residential portion of the premises is served through a separate meter under the residential service schedule and the other uses as enumerated above are served through a separate meter or meters under the appropriate general service schedule; or (2) of taking the entire service under the appropriate general service schedule. Motors of ten (10) HP or less may be served under the appropriate residential service schedule. Larger motors may be served where, in the Company's sole judgment, the existing facilities of the Company are adequate. The hallways and other common facilities of an apartment and condominium building or apartment and condominium complex are to be billed on the appropriate general service rate.

Detached building or buildings, actually appurtenant to the residence, such as a garage, stable or barn, may be served by an extension of the customer's residence wiring through the residence meter provided no business activities are transacted in the detached buildings.

In the event a detached garage or other facility on a residential customer's property is separately served and metered, such facility shall accordingly be metered and billed according to the appropriate general service rate.

Filed pursuant to Orders dated December 14, 2011 in Case Nos. 11-346-EL-SSO, 11-348-EL-SSO, 11-351-EL-AIR and 11-352-EL-AIR

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TERMS AND CONDITIONS OF SERVICE

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The Company shall not be liable for any loss, injury, or damage resulting from the customer's use of the customer's equipment or occasioned by the energy furnished by the Company beyond the delivery point. Unless otherwise provided in a contract between the Company and customer, the point at which service is delivered by the Company to the customer, to be known as "delivery point", shall be the point at which the customer's facilities are connected to the Company's facilities. The metering device is the property of the Company; however, the meter base and all internal parts inside the meter base are customer owned and are the responsibility of the customer to install and maintain. The Company shall not be liable for any loss, injury, or damage caused by equipment which is not owned, installed and maintained by the Company.

The customer shall provide and maintain suitable protective devices on the customer's equipment to prevent any loss, injury, or damage that might result from single phasing conditions or any other fluctuation or irregularity in the supply of energy. The Company shall not be liable for any loss, injury, or damage resulting from a single phasing condition or any other fluctuation or irregularity in the supply of energy which could have been prevented by the use of such protective devices. The Company shall not be liable for any damages, whether direct or consequential, including, without limitations, loss of profits, loss of revenue, or loss of production capacity occasioned by interruptions, fluctuations or irregularity in the supply of energy.

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The Company will provide and maintain the necessary line or service connections, transformers (when same are required by conditions of contract between the parties thereto), meters and other apparatus which may be required for the proper measurement of and protection to its service. All such apparatus shall be and remain the property of the Company and the Company shall

Filed pursuant to Order dated February 25, 2015 in Case No. 13-2385-EL-SSO

Issued: April 24, 2015

Effective: June 1, 2015

Issued by
Pablo Vegas, President
AEP Ohio

P.U.C.O. NO. 20

TERMS AND CONDITIONS OF SERVICE

be granted ready access to the same, except to read inside meters. Such access to inside meters shall be granted upon reasonable request to residential customers during regular business hours.

Approval of the above schedule language by the Commission does not constitute a determination by the Commission that the limitation of liability imposed by the Company should be upheld in a court of law. Approval by the Commission merely recognizes that since it is a court's responsibility to adjudicate negligence and consequent damage claims, it is also the court's responsibility to determine the validity of the exculpatory clause.

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The residential service schedule shall cease to apply to that portion of a residence which becomes primarily used for business, professional, institutional or gainful purposes. Under these circumstances, customer shall have the choice: (1) of separating the wiring so that the residential portion of the premises is served through a separate meter under the residential service schedule and the other uses as enumerated above are served through a separate meter or meters under the appropriate general service schedule; or (2) of taking the entire service under the appropriate general service schedule. Motors of ten (10) HP or less may be served under the appropriate residential service schedule. Larger motors may be served where, in the Company's sole judgment, the existing facilities of the Company are adequate. The hallways and other common facilities of an apartment and condominium building or apartment and condominium complex are to be billed on the appropriate general service rate.

Detached building or buildings, actually appurtenant to the residence, such as a garage, stable or barn, may be served by an extension of the customer's residence wiring through the residence meter provided no business activities are transacted in the detached buildings.

In the event a detached garage or other facility on a residential customer's property is separately served and metered, such facility shall accordingly be metered and billed according to the appropriate general service rate.

Filed pursuant to Order dated February 25, 2015 in Case No. 13-2385-EL-SSO

Issued: April 24, 2015

Effective: June 1, 2015

Issued by
Pablo Vegas, President
AEP Ohio

MLJ-11

Payment History as of 9/1/2015

Jane Bidwell

Account [REDACTED]

Account Finaled

	Paid	Notes
10/8/2014	\$ 82.00	Deposit
12/9/2014		Deposit Refund of \$82 Triggered in System

Payment History

Jane Bidwell

Account [REDACTED]

Account Active

	Paid	Notes
3/20/2015	\$ 82.00	Deposit
3/23/2015		Bill for Usage from Oct 14 - Feb 15 \$680.73 Due 4/8/15
3/24/2015		March Bill Generated of \$114.66 Due 4/9/15
4/10/2015	\$ 500.00	
4/10/2015	\$ 295.39	
4/23/2015		April Bill Generated of \$92.64 Due 5/11/15
5/26/2015	\$ 92.64	
5/26/2015		May Bill Generated of \$85.39 Due 6/11/15
6/18/2015	\$ 85.39	
6/24/2015		June Bill Generated of \$82.32 Due 7/10/15
7/15/2015	\$ 82.32	
7/27/2015		July Bill Generated of \$81.32 Due 8/12/15
8/13/2015	\$ 81.32	
8/25/2015		August Bill Generated of \$98.88 Due 9/10/15

Name: JANE A BIDWELL Premise Phone #: (937) 760-0976 SSN: [REDACTED] Cycle: 1
 Street: 1051 LAS VEGAS BLVD STE 10515 Account Status: CHGOFF Div/Area: 11170 Route: 6
 City: COLUMBUS Account Number: Sub Area: 244 Sequencer: 01
 State: OH Zip: 43240 1541 Revenue: 010 - RES W/SPACE HTG Tariff: 013 - REGULAR RESIDENTIAL
 Meter Status: CONNECTED Meter Number: 0532575548 Fed Tax ID: [REDACTED]

Declined

eServices

Request Email

REP OH PAST O/A PAY PRE

Notes

Note Information:

Date	Priority	User	Type	Note	Description
09/18/15	1	DRAGON3	ACCT	305	CLOSE REQ BY JANE BIDWELL
05/06/15	1	OSPBOP75	ACCT	305	CUST. CMPLNT 05-06-2015 - F10 FOR MORE INFO
05/05/15	1	OSPBOP75	ACCT	305	CUST. CMPLNT 05-05-2015 - F10 FOR MORE INFO
04/09/15	1	MCSB0098	ACCT	305	NCOA MAIL ADD DEFH 04/09/15
03/23/15	1	COFFELC	PREM	299	**DIRCOLL--RELEASED LIDV--SUCCESSFUL COMPLET
03/23/15	1	COFFELC	PREM	299	**DIRCOLL--999 NOTE WILL BE WORKED BY LIDV P
03/23/15	1	OSPBOP75	ACCT	305	CUST. CMPLNT 03-23-2015 - F10 FOR MORE INFO
03/20/15	1	BLED301	PREM	299	REQ LEASE & ID REQ NEW DEPOSIT , ORDER 10891
03/20/15	1	WILLISE	PREM	299	REQ LEASE & ID REQ NEW DEPOSIT JANE A BIDWEL
03/20/15	1	WILLISE	ACCT	305	OPEN REQ BY JANE BIDWELL
10/08/14	1	THOMASMD	PREM	299	REQ LEASE & ID REQ NEW DEPOSIT JANE A BIDWEL

MLJ-13

Name: JANE A BIDWELL	Premise Phone #: (937) 760-0976	SSN:
Street: 1051 LAS VEGAS BLVD STE 10515	Account Status: CHGOFF	Div/Area: 11170
City: COLUMBUS	Account Number:	Sub Area: 246
State: OH Zip: 43240-1541 Revenue: 010 - RES W/O SPACE HTG	Meter Number: 0532575548	Tariff: 013 - REGULAR RES
Meter Status: CONNECTED	Declined	eServices
		Request Email

REP OR PAST L O A RAY RF

Note Information:

Date	Priority	User	Type	Note	Description
09/18/15	1	DRAGON3	ACCT	305	CLOSE REQ BY JANE BIDWELL
05/06/15	1	OSPBOPT5	ACCT	305	CUST. COMPLNT-05-06-2015 - F10 FOR MORE INFO
05/05/15	1	OSPBOPT5	ACCT	305	CUST. COMPLNT-05-05-2015 - F10 FOR MORE INFO
04/09/15	1	MCSB0098	ACCT	305	NCOA MAIL ADD DEFH 04/09/15
03/23/15	1	COFFELC	PREM	299	**DIRCOLL--RELEASED LIDV-SUCCESSFUL COMPLET

View/Change Note 299

Fixed Description:

Additional Text: **DIRCOLL--RELEASED LIDV-SUCCESSFUL COMPLETION OF FRAUD ALERT--4 OUT OF 4 ANSWERED CORRECTLY--PREVIOUS ACCT HOLDER WAS EDWARD ROS MILLENNIAL LLC, WITH NO BALANCE, TO BE FORCED OFF. NEW APPLICANT HAS NO PREVIOUS ACCTS, AND WAS BACKDATED TO PICK UP USAGE.

Priority: 1

Expiration Date:

	Date	Time	UserID
Created	03/23/15	10:31:55	COFFELC
Updated	03/23/15	10:31:55	COFFELC

CERTIFICATE OF SERVICE

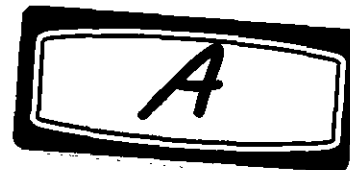
I hereby certify that a copy of the foregoing was served upon Complainant by regular mail and email at the addresses listed below on this day, May 19, 2016.

Jane Ann Bidwell
3813 Far Hills Ave
Dayton, Ohio 45429
jane.bidwell03@gmail.com

/s/ Michael J. Benza
Michael J. Benza



PO Box 24401
Columbus, OH 44701-4401



1043-1
990001043 01 AT 0.406



JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

Service Address:
1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 9, 2014

Account Number: 101-614-908-1-7

Dear Jane A Bidwell:

AEP Ohio recently received a request to initiate service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide service, a security deposit in the amount of \$82.00 will need to be paid.

Our decision to require a deposit is based on information obtained in a report from Experian. Your credit score can change, depending on how the information in your consumer report changes.

- ☐ Your credit score: 374 was generated on the following date: October 8, 2014
- ☐ Score range from 1 to 999

Key factors that adversely affected your credit score

- ☐ Service/professional account not current
- ☐ Recently opened account not current
- ☐ Number of accounts recently opened
- ☐ Percentage of accounts presently not current
- ☐ Number of accounts with recent activity

The credit score used by AEP Ohio is the Experian Telecommunications, Energy and Cable Risk Model (TEC Model), a utility industry-specific scoring model which uses information contained in the consumer credit file to predict how consumers will pay their utility bills.

You have the right under the Federal Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. You also have the right to a free copy of your credit report from the reporting agency, if you request it no later than sixty (60) days after you receive this notice. In addition, if you find that any information contained in the report is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

If you have any questions regarding your credit score, you should contact Experian at:

Experian
701 Experian Parkway
PO Box 2002
Allen, TX 75013
www.experian.com/reportaccess
1-866-244-6581

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has a capacity to enter into a binding contract) or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the Company, is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Bidwell Set 1-2 Attachment 1



4500 S Hamilton Rd
Groveport, OH 43125-9563

1043-2



JANE A BIDWELL
1051 LAS VEGAS BLVD APT
10515
COLUMBUS, OH 43240-1541

Service Address:

1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 9, 2014

Account Number: 101-614-908-1-7

Dear Jane A Bidwell:

NOTICE FORM NO. 1
(Requests for New Service)

American Electric Power recently received a request to initiate electric service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide this service, the following action(s) must be taken or information must be provided:

i Obligation 1: Required Deposit

\$82.00

If the requirements have not been met by October 18, 2014, AEP will cancel your request for service without further notice. If a payment is required, please include the account number shown above on your payment and mail to the following address: **AEP, PO Box 24417, Canton, OH 44701-4417**. For other payment options, please contact our Customer Solutions Center at 1-800-672-2231 or visit our website at www.aepohio.com. If a deposit is being requested and you prefer not to pay a cash deposit, you may be able to use a guarantor. The guarantor must be an AEP customer within the same company and have acceptable credit. *Please disregard this notice if payment has been made.*

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has a capacity to enter into a binding contract) or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the Company, is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. Ohio laws against discrimination require that all creditors make credit available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission, 200 Parsons Avenue, Columbus, Ohio 43266, phone (614)466-5928, administers compliance with this law.

Bidwell Set 1-2 attachment 1

If you have any questions regarding your request, you may contact AEP at 1-800-672-2231. You may also contact the Public Utilities Commission at 1-800-686-7826 or the Office of Consumers' Counsel at 1-800-282-9448.

AEP OHIO IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK

MCSCAA01



A unit of American Electric Power

Bidwell Set 1-2 Attachment 2



4500 S Hamilton Rd
Groveport, OH 43125-9563

1671-1
990001671 01 AT 0.406



JANE A BIDWELL
1051 LAS VEGAS BLVD APT
10515
COLUMBUS, OH 43240-1541

Service Address:

1051 Las Vegas Blvd Ste 105
Columbus, OH 43240-1536

October 10, 2014

Account Number: 101-614-908-

1-7 Dear Jane A Bidwell:

American Electric Power recently received your request to open electric service in your name at 1051 Las Vegas Blvd Ste 105, Columbus, OH. In order for us to provide this service, additional information is needed. Failure to contact AEP by October 19, 2014, will result in the cancellation of your request for service without further notice. If service at this address is currently on, it may be disconnected on or after that date.

Please contact AEP at 1-866-339-5574, representatives are available Monday thru Friday between the hours of 7:00 AM and 3:30 PM central time. Outside of those hours, you may leave a voice message providing a daytime phone number and we will return your call.

Thank you for your immediate attention regarding this matter.

AEP OHIO IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET



INTERROGATORY

INT-1-001 Copies of all recorded calls between Jane Bidwell and any AEP representative from March 19, 2015 to present.

RESPONSE

Please see the enclosed CD for the requested information. One additional call recorded at AEP's Hurricane call center could not be located at this time due to a crash of the storage server which houses the call indexing guide. Attempts are currently being made to restore the server which would allow AEP to retrieve the call. AEP will supplement this response with the additional recording if and when it is retrieved.

Bidwell Set 1-1 Attachment 1.mp3

Bidwell Set 1-1 Attachment 2.mp3

Bidwell Set 1-1 Attachment 3.mp3

Bidwell Set 1-1 Attachment 4.mp3

Bidwell Set 1-1 Attachment 5.mp3]

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-002 Copies of any letters claimed to be generated to Jane Bidwell from AEP
(handwritten or computer generated).

RESPONSE

Please see Bidwell Set 1-2 Attachments 1-8 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-003 Logs of phone calls made from AEP to Jane Bidwell from October 8, 2014 to present including, date, time, and length of phone call.

RESPONSE

Please see Bidwell Set 1-3 Attachment 1 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-004 List of questions asked of Jane Bidwell to "verify" her identity.

RESPONSE

Please refer to the enclosed CD for the requested information, specifically Bidwell Set 1-1 Attachment 2.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-005 Dates of all attempted contact with Jane Bidwell from October 8, 2014 through present.

RESPONSE

Please refer to the Company's response to DR Numbers 1, 2 and 3 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-006 Copies of all billing to Jane Bidwell for services rendered

RESPONSE

Please see Bidwell Set 1-6 Attachments 1-8 for the requested information. (Current as of Sept 1, 2015).

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-007 Payment history for all bills to Jane Bidwell

RESPONSE

Please see Bidwell Set 1-7 Attachment 1 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-008 Copies of any applications made to AEP

RESPONSE

Please refer to the enclosed CD for the requested information, specifically Bidwell Set 1-1 Attachment 2.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-009 Signatures from Jane Bidwell for completion of application process.

RESPONSE

N/A. The Company does not require written signatures for service applications.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-010 Copies of Disconnection notice.

RESPONSE

Please refer to Bidwell Set 1-2 Attachment 2 and Bidwell Set 1-6 Attachment 4 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-011 Kilowatt usage of Jane Bidwell's apartment from January 2014 thru August 2015
 - broken down by monthly readings

RESPONSE

Please see Bidwell Set 1-11 Attachment 1 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-012 Proof of printing of computer generated paper letters from AEP computer system
to Jane Bidwell

RESPONSE

The Company keeps no record of proof of printing; however, through the Company's computer system if a letter was not printed an error message would have been received. The Company has no record of such error message in this case. The Company also has no record of returned mail in this case.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-013 Copies of hand-written letters from AEP to Jane Bidwell

RESPONSE

Please refer to the Company's response to Bidwell Set 1-2 for the requested information.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-014 Proof of mailing of any letters written by AEP (hand-written or computer generated) to Jane Bidwell on October 8th through Present (i.e. US Postal service, FedEx, UPS, etc.

RESPONSE

The Company keeps no record of proof of mailing; however, through the Company's computer system if a letter was not mailed an error message would have been received. The Company has no record of such error message in this case. The Company also has no record of returned mail in this case.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-015 Proof of delivery of any letters mailed to Jane Bidwell

RESPONSE

The Company does not keep proof of delivery records.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-016 Any request by Jane Bidwell to cancel her service (written, verbal, or electronically generated)

RESPONSE

The Company has no record of a service cancellation request by Ms. Bidwell for the active account created on 3/23/15.

OHIO POWER COMPANY'S RESPONSE TO
JANE BIDWELL'S DISCOVERY REQUESTS
PUCO CASE NO.
FIRST SET

INTERROGATORY

INT-1-017 Copy of refund check from AEP

RESPONSE

Please see Bidwell Set 1-17 Attachment 1 for the requested information.



Call Log

Date	Time (EST)	Length
10/8/2014	10:08	13:54
10/9/2014	9:47	0:18
3/20/2015	1:45	12:45
3/20/2015	10:23	4:47
3/20/2015	10:43	Unknown
3/23/2015	Unknown	Unknown
3/23/2015	Unknown	Unknown
3/31/2015	Unknown	Unknown
3/31/2015	Unknown	Unknown
4/1/2015	1:40	Unknown
4/1/2015	1:51	Unknown
5/5/2015	Unknown	Unknown
5/5/2015	Unknown	Unknown
5/13/2015	11:44	3:28

ML-7

011015 1832 #A1075 4231 XXXX000000X2813 0

Virtual Wallet With Performance Spend Statement

PNC Bank



Page 1 of 6
Primary account number: 42-8214-5133

For the period 01/13/2015 to 02/10/2015

JANE A BIDWELL
3813 FAR HILLS AVE
KETTERING OH 45429-2507

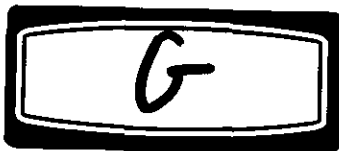
Number of enclosures: 0

For 24-hour banking, and transaction or interest rate information, sign-on to
 PNC Bank Online Banking at pnc.com
For customer service call 1-888-PNC-BANK
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET
Para servicio en español, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at pnc.com
 TDD terminal: 1-800-531-1648
For hearing impaired clients only



Virtual Wallet With Performance Spend Account Summary

Jane A Bidwell

Account number: 42-8214-5133

Overdraft Protection Provided By: XXXXXX5141
XXXXXX5168

Overdraft Coverage - Your account is currently Opted-Out.

You or your joint owner may revoke your opt-in or opt-out choice at any time.

To learn more about PNC Overdraft Solutions visit us online at pnc.com/overdraftsolutions.
Call 1-877-588-3605, visit any branch, or Sign on to PNC Online Banking, and select the "Overdraft Solutions" link under the Account Services section to manage both your Overdraft Coverage and Overdraft Protection settings.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
1,235.99	4,579.56	5,494.02	321.53
		Average monthly balance	Charges and fees
		791.72	.00

Transaction Summary

Checks paid/withdrawals	Check Card POS signed transactions	Check Card/Bankcard POS PIN transactions
3	56	29
Total ATM transactions	PNC Bank ATM transactions	Other Bank ATM transactions
21	21	0

Activity Detail

Deposits and Other Additions

Date	Amount	Description
01/16	82.00	ATM Deposit 4100 Dayton Oh
01/20	500.00	Deposit Reference No. 003297541
01/20	2.00	Paypal *Culver N San Jose Ca
01/23	1,773.79	Direct Deposit - Dir Dep Ohiohealth Corpo 01388
01/27	150.00	Deposit Reference No. 004190531
01/30	277.85	Deposit Discrepancy 4100 Dayton Oh

There were 8 Deposits and Other Additions totaling \$4,579.56.

Deposits and Other Additions continued on next page



March 22, 2015

RECEIVED BY:

Jimmie Waller and delivering to Mr. Akins

Nick Akins
Chairman, President and CEO
1 Riverside Plaza
Columbus, Ohio 43215-2373

Date: 3/23/15

Time: 0849

Dear Mr. Akins:

A very serious situation has occurred on Friday, March 20, 2015, and frankly I'm not getting much assistance from your corporation. The actions of AEP has seriously jeopardized my health, hence the reason I am contacting you.

A few months ago I accepted a position with Ohio Health and relocated to the Columbus area from Dayton. I contacted AEP to begin my electric service on my new apartment at The Avenue at Polaris, and paid a deposit of \$82.00. I moved into my apartment on October 15, 2014. I regularly check my mail. I never received any further contact from AEP. There has been no correspondence (except that my deposit was refunded to me), no bills generated, no disconnect notices, or notification my account was closed. In addition, I received no phone calls to notify me of any concerns. Upon speaking with my manager at my apartment complex, they too have not been notified on behalf of my apartment's electrical service.

On Friday, March 20, 2015 I came home to find my apartment was void of electrical service. I contacted AEP about 1:30 pm on this date, and was told that my account had been closed months before, because my apartment complex had failed to verify that I was the leasee on this apartment. Because that verification form was not completed, therefore AEP took it upon themselves to close my account without notice to me. Mr. Akins, my apartment manager and I have spoken extensively since this incident and she told me they have never had to do a leasee verification in the past for any resident. I have never received any forms from AEP requiring any action to be taken to continue service.

Having lived in Dayton my entire life, I have dealt with Dayton Power and Light for over 35 years, for both rentals and three homes I owned. Not once have I had to verify my leasing status, nor have I had to complete any further documentation. One quick phone call to establish service at a residence is all I have ever done.

I returned to work Friday evening, and contacted AEP after 10 pm. I spoke with a man to discuss how to get my service turned back on. I informed him that I had approximately \$4,000 in Insulin that is required to be refrigerated and it was imperative that I return electrical service for this reason. I asked him what did I need to do to get my electrical service? He said "that's not going to happen!". He told me that I "needed to take that up with my apartment

complex". I asked to speak with a supervisor. I explained to her that I have life threatening medication that required refrigeration. She too explained that I would not be getting electrical service restore. I pointedly stated, "I have money, what do you need from me to get electrical service restored for my medications". She said she "would not take my money until my lease status was verified and there was nothing she could do". She stated the business office needed to handle this, which wouldn't be open until Monday am, and even then it could take 1-3 business days, so it could be middle to end of next week before service would be restored. At that point I asked for corporate's address. She refused to give that information to me. **SHE REFUSED!** I am not a stupid person, I work in IT, and I hold two college degrees. I think I'm capable of finding it on the internet.

Mr. Akins, I believe you have these calls recorded. I suggest someone listen to them. My frustration, and fear of what would happen to my medication was driving my responses. My diabetes is a life threatening illness, and your employee's actions have jeopardized my health. I have lost my medications do to the temperature, and I don't know how to get \$4,000 to buy more. I've lost all my food.

As I see it we have some serious issues/failures on behalf of AEP:

1. I never received a form, or letter requesting any information was necessary to verify my lease status. If I had just been contacted, I would have been happy to fax my lease to someone.
2. I was never notified my account was closed. There was not one document received from AEP telling me my account was closed.
3. **I have never been issued a bill from AEP.** Not one! All I needed was a bill, and you would have been paid. But one was never generated. You are certainly able to check your records.
4. I never received a disconnect notice. I believe **you are required by law to give due notice prior to disconnect.** This was never done by AEP.
5. You disconnected my electricity hours before a weekend, therefore making conducting business to restore service in a timely fashion impossible. (The apartment manager was not available your business office was closed your supervisor said there was no one else I could speak to the men who do this can't get to restore service by 5:00 pm . . . and the list goes on). It's pretty dirty to disconnect on a Friday, and the homeowner discovers it when they come home late afternoon to try to restore service. That is about as dirty as it gets!!!!
6. I had notified multiple employees within AEP of my necessity for refrigeration for life saving medication, and my request was ignored because a "form" was not completed to verify my leasee information. My insulin has lost refrigeration, and therefore lost it's efficacy to effectively treat my disease. It is ruined and will need to be replaced. In the mean time I have no insulin to inject. From a health standpoint, AEP has put me at tremendous risk for my diabetes.

Mr. Akins, this is very serious! I am asking for your assistance, but there needs to be an immediate resolution, and discussion about compensation for my medication. I think you will find there has been multiple failures on behalf of AEP.

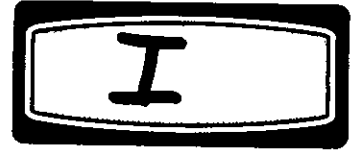
If my service is not restored by end of business today, I will be in the Attorney General's office by Noon on Tuesday.

Sincerely,

Jane Ann Bidwell, B.S.B.
937-760-0976



A unit of American Electric Power



April 1, 2015

Jane Bidwell
1051 Las Vegas Blvd Suite 10515
Columbus, Ohio 43240

RE: AEP Claim #: C20156441420
Date of Loss: March 20, 2015

Dear Ms. Bidwell:

We are responding to your recent claim for damages.

American Electric Power's policy has always been that we will honor any claim for damages suffered by our customers for which we are responsible.

We cannot, however, be responsible for damages that result, either directly or indirectly, from causes beyond our control. Some examples of these are windstorms, vandalism, vehicles striking our equipment, failure of equipment due to conditions that could not be anticipated, animals, lightning, snow and ice, and so forth.

Our investigation shows that this was a valid disconnect.

Attached for your review is a copy of the applicable portion of the Terms and Conditions of Service for the Ohio Power Company, which are on file with and approved by the Public Utility Commission of Ohio.

We will therefore be unable to honor your claim.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Hall".

Angela Hall
Risk & Insurance Management
1 Riverside Plaza, 27th Floor
Columbus, Ohio 43215
Phone: 614-716-2558
Fax: 614-716-6538

OHIO POWER COMPANY

Original Sheet No. 103-16

P.U.C.O. NO. 20

TERMS AND CONDITIONS OF SERVICE



19. COMPANY'S LIABILITY

The Company will use reasonable diligence in furnishing a regular and uninterrupted supply of energy but does not guarantee uninterrupted service. The Company shall not be liable for damages in case such supply should be interrupted or fail by reason of an act of God, the public enemy, accidents, labor disputes, orders or acts of civil or military authority, breakdowns or injury to the machinery, transmission lines, distribution lines or other facilities of the Company, extraordinary repairs, or any act of the Company, including the interruption of service to any customer, taken to prevent or limit the extent or duration of interruption, instability or disturbance on the electric system of the Company or any electric system interconnected, directly or indirectly, with the Company's system, whenever such act is necessary or indicated in the sole judgment of the Company.

The Company shall not be liable for any loss, injury, or damage resulting from the customer's use of the customer's equipment or occasioned by the energy furnished by the Company beyond the delivery point. Unless otherwise provided in a contract between the Company and customer, the point at which service is delivered by the Company to the customer, to be known as "delivery point", shall be the point at which the customer's facilities are connected to the Company's facilities. The metering device is the property of the Company; however, the meter base and all internal parts inside the meter base are customer owned and are the responsibility of the customer to install and maintain. The Company shall not be liable for any loss, injury, or damage caused by equipment which is not owned, installed and maintained by the Company.

The customer shall provide and maintain suitable protective devices on the customer's equipment to prevent any loss, injury, or damage that might result from single phasing conditions or any other fluctuation or irregularity in the supply of energy. The Company shall not be liable for any loss, injury, or damage resulting from a single phasing condition or any other fluctuation or irregularity in the supply of energy which could have been prevented by the use of such protective devices. The Company shall not be liable for any damages, whether direct or consequential, including, without limitations, loss of profits, loss of revenue, or loss of production capacity occasioned by interruptions, fluctuations or irregularity in the supply of energy.

The Company is not responsible for loss or damage caused by the disconnection or reconnection of its facilities. The Company is not responsible for loss or damages caused by the theft or destruction of Company facilities by a third party.

Except as otherwise provided in this Section, the Company shall be liable to the customer for damage directly resulting from interruptions, irregularities, delays, or failures of electric service, caused by the negligence of the Company or its employees or agents, but any such liability shall not exceed the cost of repairing, or actual cash value, whichever is less, of equipment, appliances, and perishable food stored in a customer's residence damaged as a direct result of such negligence. The customer must notify the Company of any claim based on such negligence within thirty days after the interruption, irregularity, delay or failure begins. The Company shall not be liable for consequential damages of any kind. This limitation shall not relieve the Company from liability which might otherwise be imposed by law with respect to any claims for personal injuries to the customer.

The Company will provide and maintain the necessary line or service connections, transformers (when same are required by conditions of contract between the parties thereto), meters and other apparatus which may be required for the proper measurement of and protection to its service. All such apparatus shall be and remain the property of the Company and the Company shall

Filed pursuant to Orders dated December 14, 2011 in Case Nos. 11-346-EL-SSO, 11-348-EL-SSO, 11-351-EL-AIR and 11-352-EL-AIR

Issued: December 22, 2011

Effective: January 1, 2012

Issued by
Pablo Vegas, President
AEP Ohio

OHIO POWER COMPANY

Original Sheet No. 103-17

P.U.C.O. NO. 20

TERMS AND CONDITIONS OF SERVICE

be granted ready access to the same, except to read inside meters. Such access to inside meters shall be granted upon reasonable request to residential customers during regular business hours.

Approval of the above schedule language by the Commission does not constitute a determination by the Commission that the limitation of liability imposed by the Company should be upheld in a court of law. Approval by the Commission merely recognizes that since it is a court's responsibility to adjudicate negligence and consequent damage claims, it is also the court's responsibility to determine the validity of the exculpatory clause.

20. RESIDENTIAL SERVICE

The Residential Customer is a customer whose domestic needs for electrical service are limited to their primary single family residence, single occupancy apartment and/or condominium, mobile housing unit, or any other single family residential unit. Individual residences shall be served individually under a residential service schedule. The customer may not take service for two (2) or more separate residences through a single meter under any schedule, irrespective of common ownership of the several residences, except that in the case of an apartment house with a number of individual apartments the landlord shall have the choice of providing separate wiring for each apartment so that the Company may supply each apartment separately under the residential schedule, or of purchasing the entire service through a single meter under the appropriate general service schedule.

Where a single-family house is converted to include separate living quarters or dwelling units for more than one family, or where two (2) or more families occupy a single-family house with separate cooking facilities, the owner may, instead of providing separate wiring for each dwelling unit, take service through a single meter under the residential service schedule. In such case, there will be a single customer charge, but the quantity of kilowatt-hours in each block will be multiplied by the number of dwelling units or families occupying the building.

The residential service schedule shall cease to apply to that portion of a residence which becomes primarily used for business, professional, institutional or gainful purposes. Under these circumstances, customer shall have the choice: (1) of separating the wiring so that the residential portion of the premises is served through a separate meter under the residential service schedule and the other uses as enumerated above are served through a separate meter or meters under the appropriate general service schedule; or (2) of taking the entire service under the appropriate general service schedule. Motors of ten (10) HP or less may be served under the appropriate residential service schedule. Larger motors may be served where, in the Company's sole judgment, the existing facilities of the Company are adequate. The hallways and other common facilities of an apartment and condominium building or apartment and condominium complex are to be billed on the appropriate general service rate.

Detached building or buildings, actually appurtenant to the residence, such as a garage, stable or barn, may be served by an extension of the customer's residence wiring through the residence meter provided no business activities are transacted in the detached buildings.

In the event a detached garage or other facility on a residential customer's property is separately served and metered, such facility shall accordingly be metered and billed according to the appropriate general service rate.

Filed pursuant to Orders dated December 14, 2011 in Case Nos. 11-346-EL-SSO, 11-348-EL-SSO, 11-351-EL-AIR and 11-352-EL-AIR

Issued: December 22, 2011

Effective: January 1, 2012

Issued by
Pablo Vegas, President
AEP Ohio

April 22, 2015

*Received 4/22/2015 by
W. G. Stewart*

Nick Akins
Chairman, President and CEO
1 Riverside Plaza
Columbus, OH 43215-2373



Dear Mr. Akins:

This letter is in follow-up to my previous correspondence dated March 22, 2015 (see enclosed copy).

I have spoken several times with a Margie Feister (unknown spelling) from AEP. She was tasked with the investigation by yourself as to what had transpired with regard to the disconnection of my service from AEP. She then followed up with me approximately 10 days later after you received my original letter.

What was discovered during her investigation was the following:

1. On October 8, 2014 Two letters were supposedly generated from AEP to me on the date that I requested service, which was October 8, 2014..
 - One letter was to notify me of the \$82.00 required deposit. (which was never received by myself), however I paid the deposit over the phone.
 - A second letter was supposedly generated stating something else (which also was never received by myself).
2. Supposedly a phone call was placed to my cell phone by an AEP representative, but according to your computer system it said my voice mail was full and a message could not be left.
 - I find this hard to believe, because my voice mail is never full. It is true my phone was probably turned off because I was working that day. But my voice mail is never full.
3. On October 9, 2014, Ms. Feister stated a third letter was supposedly generated from AEP stating that I needed to verify my identity. (This letter too was never received by myself).
4. Ms. Feister stated no further attempt to contact me was made after October 9th, 2014.

5. Ms. Feister stated no bill was ever generated for my account prior to March 22, 2015.
6. Ms. Feister stated there was no disconnect notice served to me. Furthermore, she stated service was cancelled without further notice of any kind.
7. Ms. Feister stated she would open a claim for reimbursement of lost goods from the disruption of AEP services.
8. Ms. Feister stated after listening to the recorded phone calls to AEP on the day of disconnection, it was determined there would be corrective counseling performed with the individuals from AEP whom I spoke to on that date because of the content of those calls.

A few days after receiving this update from Ms. Feister, a claims adjuster, Angela Hall (614-716-2558) contacted me. She stated that she felt I had received sufficient notice and there would be no reimbursement. I repeatedly stated to her that no correspondence was ever received by AEP to my home. It is because of this response from Ms. Hall as to why this follow-up letter is being written to you.

Mr. Akins, I lost thousands of dollars in life-saving medication (insulin) because of this incident. Attached you will find the following:

- | | |
|-------------------------------------|------------------|
| A. Receipts from: | |
| a. Lantus Insulin (photos attached) | \$1,060.12 |
| b. Humalog (photos attached) | \$2,319.64 |
| B. Cost of perishable food: | |
| a. See enclosed list & Photos | <u>\$ 189.41</u> |

TOTAL	\$3,569.17
--------------	-------------------

My insurance does not cover the cost of this medication. Without this medication I die. It is truly that simple. It will be impossible for me to cover this cost out of pocket.

I believe that I did everything that I was given notice to do. I contacted AEP to arrange set up of services. I paid the required deposit. By your own corporation's admission: I never received a bill. I never received a disconnect notice. I never received a phone call. And, I swear to you, I never received any letters.

I did not move into the apartment until October 15th, which is when I requested service to start. Why would AEP mail a letter to an address, which I obviously don't live at yet. So if a

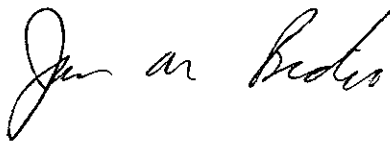
letter was mailed, it would have arrived before I moved in. It is possible the mailman did not deliver letters because I was not a resident yet and he did not recognize my name. It is also possible that they were delivered to the wrong mail box since my apartment complex is quite large. Neither of these scenarios are my fault.

Mr. Akins, I have politely asked for reimbursement of my losses, for which Angela Hall denied. I am appealing to you to remedy the situation. I will give AEP till 10 am on Monday, April 27, 2015 to respond to my request. AEP has been paid in full by myself (\$795.39). It makes no logical sense that I would intentionally not pay AEP with the risk of losing the very medication that keeps me alive. None of this makes sense that a business would keep service turned on for nearly 6-1/2 months without sending a bill, and without any further contact from October 9, 2014.

Mr. Akins, if I do not receive a positive response from AEP agreeing to pay the expenses of my loss, I will take further action. At Noon on Monday I will be in the Attorney General's office to file a formal complaint regarding the practices of AEP. I also will take legal action. The repeated phone calls where I begged your employees to restore service for preserving my life-saving medication until things could be sorted out on the following Monday will be subpoenaed. It will come out that you never billed my account, and no notice was given to disconnect. The bottom line is, AEP cannot prove a letter was generated and mailed out. You have no proof a letter was received by me. This is not a favorable picture for your company.

I believe you will step up to the plate and show the credibility of your company and their practices. I hope to hear from AEP soon with your decision.

Sincerely,

A handwritten signature in black ink, appearing to read "Jane A. Bidwell". The signature is fluid and cursive, with the first name "Jane" being the most prominent.

Jane A. Bidwell, B.S.B.

937-760-0976

Jane.bidwell@ohiohealth.com

March 22, 2015

Nick Akins
Chairman, President and CEO
1 Riverside Plaza
Columbus, Ohio 43215-2373

Dear Mr. Akins:

A very serious situation has occurred on Friday, March 20, 2015, and frankly I'm not getting much assistance from your corporation. The actions of AEP has seriously jeopardized my health, hence the reason I am contacting you.

A few months ago I accepted a position with Ohio Health and relocated to the Columbus area from Dayton. I contacted AEP to begin my electric service on my new apartment at The Avenue at Polaris, and paid a deposit of \$82.00. I moved into my apartment on October 15, 2014. I regularly check my mail. I never received any further contact from AEP. There has been no correspondence (except that my deposit was refunded to me), no bills generated, no disconnect notices, or notification my account was closed. In addition, I received no phone calls to notify me of any concerns. Upon speaking with my manager at my apartment complex, they too have not been notified on behalf of my apartment's electrical service.

On Friday, March 20, 2015 I came home to find my apartment was void of electrical service. I contacted AEP about 1:30 pm on this date, and was told that my account had been closed months before, because my apartment complex had failed to verify that I was the leasee on this apartment. Because that verification form was not completed, therefore AEP took it upon themselves to close my account without notice to me. Mr. Akins, my apartment manager and I have spoken extensively since this incident and she told me they have never had to do a leasee verification in the past for any resident. I have never received any forms from AEP requiring any action to be taken to continue service.

Having lived in Dayton my entire life, I have dealt with Dayton Power and Light for over 35 years, for both rentals and three homes I owned. Not once have I had to verify my leasing status, nor have I had to complete any further documentation. One quick phone call to establish service at a residence is all I have ever done.

I returned to work Friday evening, and contacted AEP after 10 pm. I spoke with a man to discuss how to get my service turned back on. I informed him that I had approximately \$4,000 in Insulin that is required to be refrigerated and it was imperative that I return electrical service for this reason. I asked him what did I need to do to get my electrical service? He said "that's not going to happen!". He told me that I "needed to take that up with my apartment

complex". I asked to speak with a supervisor. I explained to her that I have life threatening medication that required refrigeration. She too explained that I would not be getting electrical service restore. I pointedly stated, "I have money, what do you need from me to get electrical service restored for my medications". She said she "would not take my money until my lease status was verified and there was nothing she could do". She stated the business office needed to handle this, which wouldn't be open until Monday am, and even then it could take 1-3 business days, so it could be middle to end of next week before service would be restored. At that point I asked for corporate's address. She refused to give that information to me. **SHE REFUSED!** I am not a stupid person, I work in IT, and I hold two college degrees. I think I'm capable of finding it on the internet.

Mr. Akins, I believe you have these calls recorded. I suggest someone listen to them. My frustration, and fear of what would happen to my medication was driving my responses. My diabetes is a life threatening illness, and your employee's actions have jeopardized my health. I have lost my medications do to the temperature, and I don't know how to get \$4,000 to buy more. I've lost all my food.

As I see it we have some serious issues/failures on behalf of AEP:

1. I never received a form, or letter requesting any information was necessary to verify my lease status. If I had just been contacted, I would have been happy to fax my lease to someone.
2. I was never notified my account was closed. There was not one document received from AEP telling me my account was closed.
3. **I have never been issued a bill from AEP.** Not one! All I needed was a bill, and you would have been paid. But one was never generated. You are certainly able to check your records.
4. I never received a disconnect notice. I believe **you are required by law to give due notice prior to disconnect.** This was never done by AEP.
5. You disconnected my electricity hours before a weekend, therefore making conducting business to restore service in a timely fashion impossible. (The apartment manager was not available your business office was closed your supervisor said there was no one else I could speak to the men who do this can't get to restore service by 5:00 pm and the list goes on). It's pretty dirty to disconnect on a Friday, and the homeowner discovers it when they come home late afternoon to try to restore service. That is about as dirty as it gets!!!!
6. I had notified multiple employees within AEP of my necessity for refrigeration for life saving medication, and my request was ignored because a "form" was not completed to verify my leasee information. My insulin has lost refrigeration, and therefore lost it's efficacy to effectively treat my disease. It is ruined and will need to be replaced. In the mean time I have no insulin to inject. From a health standpoint, AEP has put me at tremendous risk for my diabetes.

Mr. Akins, this is very serious! I am asking for your assistance, but there needs to be an immediate resolution, and discussion about compensation for my medication. I think you will find there has been multiple failures on behalf of AEP.

If my service is not restored by end of business today, I will be in the Attorney General's office by Noon on Tuesday.

Sincerely,

Jane Ann Bidwell, B.S.B.

RMB Pharmacy
3545 Olentangy River Rd
Suite 100
Columbus, OH 43214
(Refill # 0)

SAVE FOR INSURANCE
OR TAX RECORDS

Pharmacy Hours
M - F 9 AM - 5:30 PM
SAT- SUN & Holidays Closed

DEA#: BR3463368
614-566-5115

Date 04/03/2015

Rx # 6223195N
BIDWELL, JANE A

3813 FAR HILLS AVE. KETTERING, OH 45429
9377600976 DOB: 07/27/1958

Lantus SoloStar Insulin Glargine 100 units/mL
Inj Sanofi-Aventis

INJECT 45 UNITS SUB-CUTANEOUSLY EVERY EVENING

PARILO, M.

Phone: 937-208-7272

Written: Lantus SoloStar Insulin Glargine 100 units/mL Inj (Prefilled)

RPh: DSS/MMS/RRW/

Insurance - Optima Health

NDC: 00088221905

Exp: 04/03/2016

Qty: 45 ML

Fills Rem: 3 @ 45 until 03/26/2016



\$ 0.00

Rx Price: \$ 1,060.12

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Rx # 6223195N

BIDWELL, JANE A

PARILO, M.

Allergies:

Dispensed: Lantus SoloStar Insulin Glargine 100 units/mL Inj
Sanofi-Aventis

RMB PHARMACY.....

Filling your prescription with Experience, Care and Value
RMB Pharmacy offers to counsel you and your family about your medications.
Pharmacists are available to talk with you Monday through Friday from 9am - 5:30pm.
We are closed Saturday, Sunday and Holidays. (614)566-5115
Thank you for choosing Riverside Medical Building Pharmacy.

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product.

This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

INSULIN GLARGINE - INJECTION (IN-su-lin GLAR-jeen)

COMMON BRAND NAME(S): Lantus

USES: Insulin glargine is used with a proper diet and exercise program to control high blood sugar in people with diabetes.

Controlling high blood sugar helps prevent kidney damage, blindness, nerve problems, loss of limbs, and sexual function problems. Proper control of diabetes may also lessen your risk of a heart attack or stroke.

Insulin glargine is a man-made product that is similar to human insulin. It replaces the insulin that your body would normally make. It acts longer than regular insulin, providing a low, steady level of insulin. It works by helping blood sugar (glucose) get into cells so your body can use it for energy. Insulin glargine may be used with a shorter-acting insulin product. It may also be used alone or with other diabetes drugs.

HOW TO USE: Read the patient information leaflet provided by your pharmacist before you start using this medication and each time you get a refill. If you have any questions, ask your doctor, diabetes educator, or pharmacist.

Follow all package directions for proper use/injection/storage of the particular type of device/insulin you are using. Your health care professional will teach you how to properly inject this medication. If any of the information is unclear, consult your doctor or pharmacist.

Do not inject cold insulin because this can be painful. The insulin container you are currently using can be kept at room temperature (see also Storage section). Wash your hands before measuring and injecting insulin. Before using, check the product visually for particles, thickening, or clumps. If any are present, discard that container. Insulin glargine should be clear and colorless. To avoid damaging the insulin, do not shake the container.

The dosage is based on your medical condition and response to treatment. Measure each dose carefully, and use exactly as prescribed by your doctor. Even small changes in the amount of insulin may have a large effect on your blood sugar levels. If you are using the cartridge form of this insulin and a special injecting device with a digital display, take care to read the display right-side up. If you read the display upside-down, you may inject the wrong amount of insulin. Ask your pharmacist if you are unsure how to properly use this type of injecting device.

Before injecting each dose, make sure the injection site is clean and dry. Inject this medication under the skin of the abdomen, upper arms, or thighs, usually once daily or as directed by your doctor. Do not rub the injection site. Do not inject into a vein or muscle. Change the location of the injection site daily and do not reuse the same site for two weeks to avoid problem areas under the skin.

Use this medication regularly as directed by your doctor in order to get the most benefit from it. You may inject insulin glargine once daily at any time during the day (such as before breakfast or at bedtime) but you should inject at the same time each day. Carefully follow the insulin treatment plan, meal plan, and exercise program your doctor has recommended.

Do not mix this product with other insulins or solutions, or use it in an insulin pump.

Do not change brands or types of insulin without directions on how to do so from your doctor.

Monitor your blood sugar on a regular basis. Keep track of the results, and share them with your doctor. This is very important in order to determine the correct insulin dose. Inform your doctor if your blood sugar measurements are too high or too low. Your dosage may need to be changed.

RMB Pharmacy
3545 Olentangy River Rd
Suite 100
Columbus, OH 43214
(Refill # 0)

SAVE FOR INSURANCE
OR TAX RECORDS

Pharmacy Hours
M - F 9 AM - 5:30 PM
SAT- SUN & Holidays Closed

DEA#: BR3463368
614-566-5115

Date 04/03/2015

Rx # 6223194N
BIDWELL, JANE A

3813 FAR HILLS AVE. KETTERING, OH 45429
9377600976 DOB: 07/27/1958

Humalog KwikPen Insulin Lispro 100 units/mL
Inj Lilly

USE A MAX OF 100 UNITS SUB-CUTANEOUSLY EVERY DAY AS
DIRECTED

PARILO, M.

Phone: 937-208-7272

Written: Humalog KwikPen Insulin Lispro 100 units/mL Inj (Prefilled)

RPh: DSS/DSS/RRW/

Insurance - Optima Health

NDC: 00002879959

Exp: 04/03/2016

Qty: 90 ML

Fills Rem: 0



\$ 0.00

Rx Price: \$ 2,319.64

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Rx # 6223194N

BIDWELL, JANE A

PARILO, M.

Allergies:

Dispensed: Humalog KwikPen Insulin Lispro 100 units/mL Inj Lilly

RMB PHARMACY.....

Filling your prescription with Experience, Care and Value

RMB Pharmacy offers to counsel you and your family about your medications.

Pharmacists are available to talk with you Monday through Friday from 9am - 5:30pm.

We are closed Saturday, Sunday and Holidays. (614)566-5115

Thank you for choosing Riverside Medical Building Pharmacy.

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

INSULIN LISPRO - INJECTION (IN-su-lin LIS-proe)

COMMON BRAND NAME(S): Humalog

USES: Insulin lispro is used with a proper diet and exercise program to control high blood sugar in people with diabetes. Controlling high blood sugar helps prevent kidney damage, blindness, nerve problems, loss of limbs, and sexual function problems. Proper control of diabetes may also lessen your risk of a heart attack or stroke.

Insulin lispro is a man-made product that is similar to human insulin. It replaces the insulin that your body would normally make. Insulin lispro starts working faster and lasts for a shorter time than regular insulin. It works by helping blood sugar (glucose) get into cells so your body can use it for energy. This medication is usually used with a medium- or long-acting insulin product. Insulin lispro may also be used with other oral diabetes medications (such as sulfonylureas like glyburide or glipizide).

HOW TO USE: Read the Patient Information Leaflet provided by your pharmacist before you start using this medication and each time you get a refill. If you have any questions, ask your doctor, diabetes educator, or pharmacist.

Learn all preparation and usage instructions from your health care professional and the product package.

Before using, check this product visually for particles or discoloration. If either is present, do not use the insulin. Insulin lispro should be clear and colorless.

Before injecting each dose, clean the injection site with rubbing alcohol. Change the injection site each time to lessen injury under the skin and to avoid developing problems under the skin (lipodystrophy). Insulin lispro may be injected in the stomach area, the thigh, the buttocks, or the back of the upper arm. Do not inject into skin that is red, swollen, or itchy. Do not inject cold insulin because this can be painful. The insulin container you are currently using can be kept at room temperature (see also Storage section).

Inject this medication under the skin as directed by your doctor, usually within 15 minutes before eating a meal or immediately after a meal. Do not inject into a vein or muscle because very low blood sugar (hypoglycemia) may occur. Because this insulin is fast-acting, not eating right after a dose of insulin may also lead to low blood sugar. Do not inject if you have low blood sugar. Do not rub the area after the injection.

Giving insulin lispro into a vein should only be done by a health care professional. Very low blood sugar may result.

If you are directed to inject this insulin with an infusion pump, read the instruction manual and directions that come with the infusion pump. If you have any questions, ask your health care professional. Avoid exposing the pump or its tubing to direct sunlight or other heat sources. Do not dilute insulin if you are using an insulin pump.

This product may be mixed only with certain other insulin products such as NPH insulin. Always draw the insulin lispro into the syringe first, then follow with the longer-acting insulin. Never inject a mixture of different insulins into a vein. Consult your health care professional about which products may be mixed, the proper method for mixing insulin, and the proper way to inject mixtures of insulin. Do not mix insulins if you are using an insulin pump.

If you are directed to add a mixing liquid to insulin lispro before use (dilute), ask your health care professional about the correct way to dilute insulin.

ITEM DESCRIPTION	QTY	PRICE	TOTAL
Kroger Salted Button	4	3.69	14.76
Fischer's bologna	8	1.99	15.92
Johnsonville Grillers	1	9.59	9.59
Bob Evans' Italian sausage	1	3.99	3.99
Sausage w/ cheese (sam's club)	1	7.99	7.99
Hot dogs with cheese	3	4.49	13.47
Packaged ham	1	5.99	5.99
Porkchops with bone in	1 pkg	7.99	7.99
2 lbs hamburger	2 lb	4.49 lb	8.98
Jimmy Deans precooked sausage	1	4.99	4.99
Pizza rolls	1	3.50	3.50
Shredded hash browns	1	1.99	1.99
Chicken Cordon Blue (Sam's club)	1	13.28	13.28
Daily Chef chicken breast precooked	2	11.98	23.96
Tyson precooked chicken	1	2.99	2.99
4 pack boneless pork chops	1	4.15	4.15
Seedless grapes	3 lbs	.99 lb	2.97
Kroger Sour cream	2	1.69	3.38
Philadelphia cream cheese garden veg	1	2.79	2.79
Baby carrots	1	2.89	2.89
Package ham	2	.69	1.38
Package corn beef	2	.69	1.38
Velveeta cheese	1	4.79	4.79
American cheese slices	1	5.69	5.69
Tarter sauce	1	2.39	2.39
Milk	1	.99	.99
Mayonnaise	1	3.29	3.29
Worchestershire sauce	1	3.89	3.89
Hunts ketchup	1	1.89	1.89
Heinz Ketchup	1	3.49	3.49
Mustard	1	1.49	1.49
Shredded cheese	1	3.19	3.19
TOTALS			\$189.41

Refrigerate.
Do not freeze.

Refrigerate
Do not



OhioHealth RMB Pharmacy

3545 Olentangy River Rd Suite 100 Columbus, OH 43214

614-566-5115

43214

120

Rx# 6215322N
BIDWELL, JANE A

MMS/MMS
01/08/2015

**INJECT SUB-CUTANEOUSLY AS
DIRECTED MAX DAILY DOSE
OF 100 UNITS**

**Humalog Insulin Lispro 100 units/mL
Inj Lilly MDV**

PARILO, M.

Qty: 0

Discard after 01/08/2016

Qty: *30/90 ML

FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN PATIENT FOR WHOM PRESCRIBED

FC 5133 AMS



002-7510-01
10

10 mL
100 units per mL

Humalog[®]

insulin lispro injection, USP
(rDNA origin)

Rx only

U-100

NDC 0002-7510-01
VL-7510

10 mL
100 units per mL

Humalog[®]

insulin lispro injection, USP
(rDNA origin)

Rx only

U-100

NDC 0088-2220-33

Rx ONLY

Lantus[®]

insulin glargine

(rDNA origin)
RMB Pharmacy
Kentangy River Rd Suite

Rx# 6215320N
BIDWELL, JANE A
INJECT 45 UNITS
SUB-CUTANEOUS
NIGHT AT BEDTIME

RX 13116945

Dr. MARK

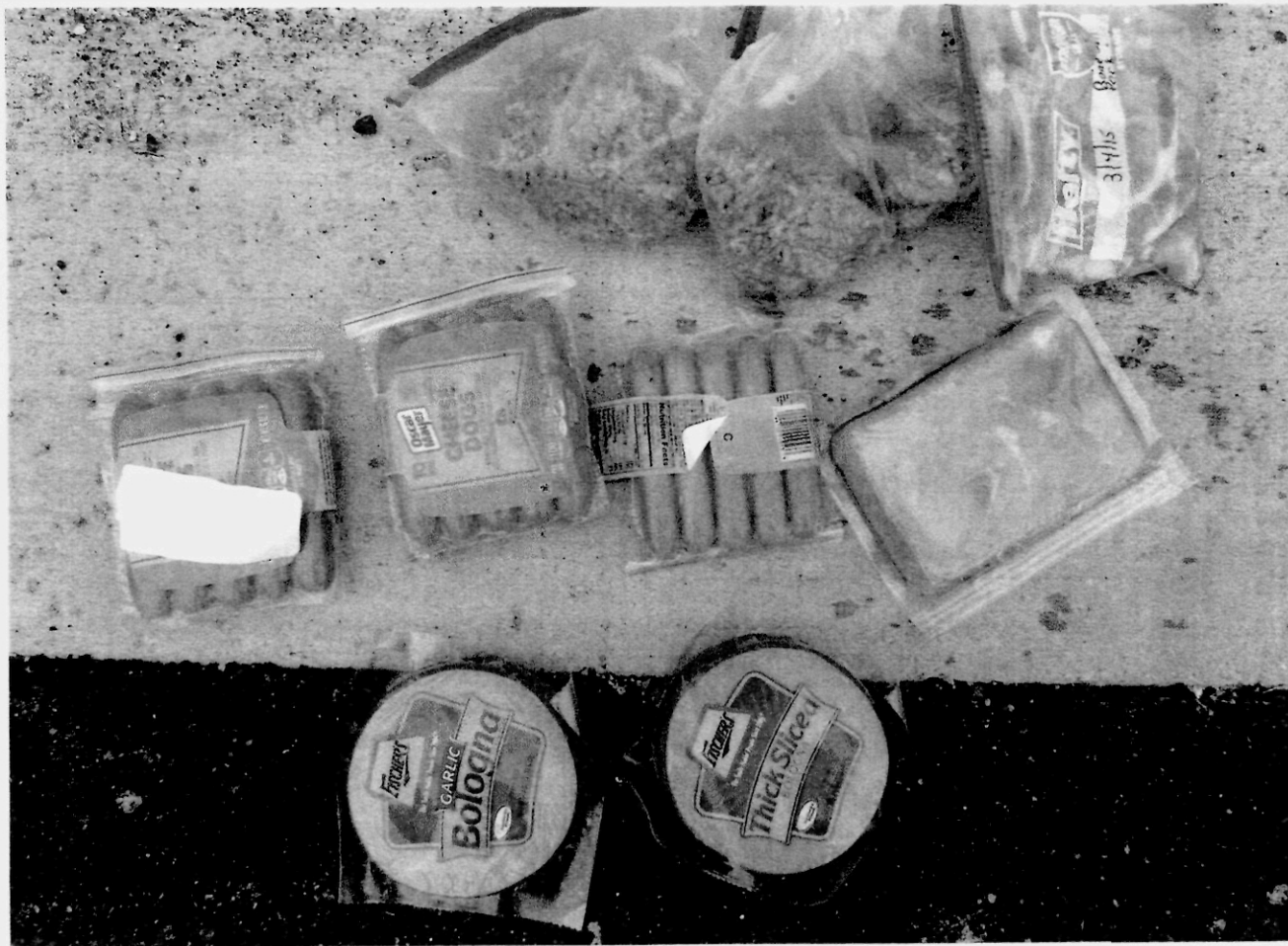
JANE A. BIDWELL
Cincinnati, OH

University of
3130 Highland Ave
Cincinnati, OH

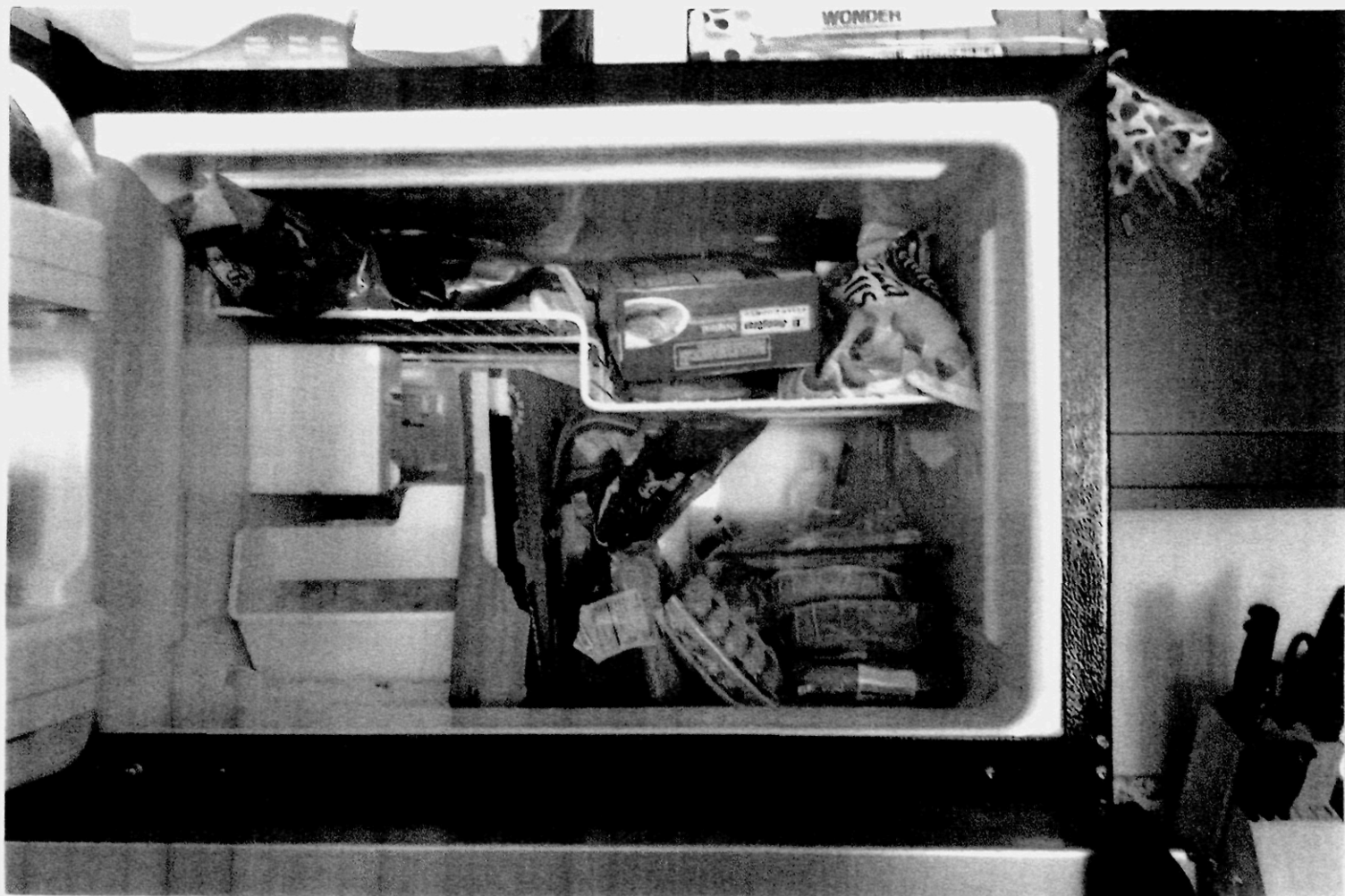
NovoLog[®]
Insulin aspart Injection
(rDNA origin)
10 mL 100 units/mL













Bidwell Set 1 **AEP OHIO** Attachment 1
A unit of American Electric Power



Send Inquiries To:
PO BOX 24401
CANTON, OH
44701-4401
R-10-532575548

22986-1
100022986 01 AT
0.403

Account Number
101-614-908-2-5
CY 17
68073

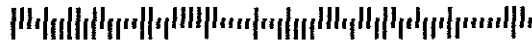
\$680.73	\$
Total Amount Due	Amount Enclosed
Due Date Apr 8	

The Neighbor to
Neighbor program helps

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Bidwell Set 1-6 attachment 1

to help. My payment
reflects my gift



JANE A BIDWELL
1051 LAS VEGAS BLVD APT 10515
COLUMBUS, OH 43240-1541

Make Check Payable and Send To
AMERICAN ELECTRIC POWER

PO BOX 24417
CANTON OH 44701-4417



Please tear on dotted line

Return top portion with your payment

Service Address:

JANE A BIDWELL
1051 LAS VEGAS BLVD STE 105
COLUMBUS, OH 43240-1536

Rate Tariff: Residential Service-013 Page 1 of 3

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$680.73	Apr 8, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 23, 2015

Previous Charges:

Total Amount Due At Last Billing \$.00
Deposit Amount Due 82.00
Payment 03/20/15 - Thank You -82.00
Previous Balance Due \$.00

Current AEP Ohio Charges:

Tariff 013 -Residential Service 10/22/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 35.00 Transmission Service 9.26
Distribution Service 23.62 Customer Charge 1.81
Retail Stability Rider 2.62
Deferred Asset Phase-In Rider .94

Current Electric Charges Due \$ 73.25

Tariff 013 -Residential Service 11/19/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 55.94
Transmission Service 12.03
Distribution Service 40.16 Customer Charge 4.52
Retail Stability Rider 3.41
Deferred Asset Phase-In Rider 1.80

Current Electric Charges Due \$ 117.86

Tariff 013 -Residential Service 12/22/14

Service Delivery Identifier: 00040621055349455

Generation Service \$ 68.94
Transmission Service 14.83
Distribution Service 48.89 Customer Charge 4.52
Retail Stability Rider 4.20
Deferred Asset Phase-In Rider 2.14

Current Electric Charges Due \$ 143.52

Tariff 013 -Residential Service 01/24/15

Service Delivery Identifier: 00040621055349455

Generation Service \$ 83.03

For Billing, Outage or Service
Inquiries,
Call: 1-800-672-2231
Pay By Phone: 1-800-611-0964

AEP OHIO Messages:

In Case No. 12-2627-EL-RDR, the PUCO approved an adjustment to increase the Distribution Investment Rider, effective with this bill. This rider, which is adjusted quarterly, recovers capital costs associated with distribution infrastructure. A residential customer using 1,000 kWh per month will see an increase of \$0.27 per month.

Do Not Tamper - Tampering with an energized electric meter can cause serious injury or death. If you suspect a problem with your meter, call the customer service number listed on your electric bill for assistance. In addition, meter tampering is illegal and can result in fines and/or imprisonment.

Welcome to AEP OHIO!

We now have outage alerts available.

Log onto your account and register for alerts and we will notify you when your power goes out, an estimate of when it will be restored, and then when it is restored. Once enrolled looking for our number will be a thing of the past!

Visit us at www.AEPOhio.com
Due date does Not Apply to the previous balance due
See other side for Important Information

of



A unit of American Electric Power

Bidwell Set 1-6

Attachment 1 Send
Inquiries To:
PO BOX 24401
CANTON, OH
44701-4401 R-10-
532575548

22986-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS
BLVD STE 105
COLUMBUS, OH
43240-1536

Rate Tariff:

Residential Service-013

Page 2 of 3

Account Number	Total Amount Due	Meter Number	Cycle-Route	Bill Date
101-614-908-2-5	\$680.73	532575548	17-65	Mar 23, 2015

Tariff 013 -

Residential Service
01/24/15
Transmission
Service 21.56
Distribution Service
52.97 Customer
Charge 8.40
Retail Stability
Rider 6.11
Deferred Asset
Phase-In Rider 2.23

Current Electric Charges

Due \$ 74.30

Tariff 013 -

Residential Service
02/23/15
Service Delivery
Identifier:
00040621055349455
Generation
Service

\$ 87.33

Transmission
Service 11.21
Distribution Service
56.03 Customer
Charge 8.40
Retail Stability
Rider 6.50
Deferred Asset
Phase-In Rider 2.33

Current Electric Charges Due

\$ 171.80

Total Amount Due

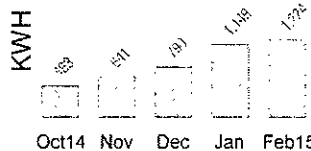
\$680.73

Due Date Apr 8

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.1 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare.

Meter		Service Period		Meter Reading Detail			
Number	From	To	Previous	Code	Current	Code	
532575548	10/10	10/22	109	Estimate	602	Actual	
Multiplier 1.0000			Metered Usage 493 KWH				
Due 532575548	Due Date 10/22	11/19	602	Actual	1243	Actual	
Multiplier 1.0000			Metered Usage 641 KWH				
532575548	11/19	12/22	1243	Actual	2033	Actual	
Multiplier 1.0000			Metered Usage 790 KWH				
532575548	12/22	01/24	2033	Actual	3182	Actual	
Multiplier 1.0000			Metered Usage 1,149 KWH				
532575548	01/24	02/23	3182	Actual	4406	Actual	
Multiplier 1.0000			Metered Usage 1,224 KWH				
Next scheduled read date should be between Mar 23 and Mar 26							

13 Month Usage History Total KWH for Past 12 Months is 3,073



Month	Total KWH	Days	KWH Per Day	Cost Day	Per	Average Temperature
Current	1,224	30	41	\$5.73		21°F
Previous	1,149	33	35	\$5.28		29°F
One Year Ago	0	0	0	\$0.00		0°F
Your Average Monthly Usage: 768 KWH						

Additional Messages

Bidwell Set 1-6 Attachment 1 Send Inquiries To:

PO BOX 24401
CANTON, OH 44701-4401
R-10-532575548 22986-1

Service Address:

JANE A BIDWELL
1051 LAS VEGAS BLVD STE 105
COLUMBUS, OH 43240-1536

Rate Tariff: Residential Service-013

Page 3 of 3

Account Number
101-614-908-2-5
Meter Number
532575548
Cycle-Route
17-65
Bill Date
Mar 23, 2015

DEPOSIT RECEIPT



A unit of American Electric Power

The amount indicated below is a deposit to secure payment of bills for electric service. The deposit is refundable based on the "Deposit Policy" section of this receipt. While the deposit is being held, the electric service bills are to be paid regularly as rendered in accordance with Tariffs, Terms and Conditions of Service. This receipt is not transferable.

Customer Name JANE A BIDWELL

Mailing Address 1051 LAS VEGAS BLVD APT 10515

COLUMBUS, OH 43240-1541

Account Number 101-614-908-2-5

Area Office: 11170

Deposit Number 104595900 0682 001 20150320

Deposit Date 03/20/2015

Deposit Amount \$82.00

Cashier Number 893

THIS VOIDS AND REPLACES ANY TEMPORARY RECEIPT THAT MAY HAVE BEEN PREVIOUSLY ISSUED

DEPOSIT POLICY

The deposit amount will be applied to your final bill when your electric service is discontinued, or refunded when the following conditions are met:

- We have held your deposit for at least 12 months; and
- Ten of your past 12 bills have been paid by the due date; and
- None of your checks have been returned to us by the bank due to insufficient funds; and
- Your service has not been disconnected for nonpayment; and
- Your account has no past due amount at the time of review.

Interest at 3% per annum will be paid on any deposit we retain longer than 6 months. The amount of interest will be included in the total amount refunded to you or applied to your final bill when service is discontinued.

If you have any questions, at any time, about our deposit policy, please contact us.

PLEASE RETAIN THIS DEPOSIT RECEIPT FOR YOUR RECORDS.

Bidwell Set 1-6 Attachment 2
A unit of American Electric Power

Account Number 101-614-
908-2-5
CY 17
Send Inquiries To: 11466

\$795.39	
Total Amount Due	\$ Amount Enclosed
Due Date Apr 9	

PO BOX 24401
CANTON, OH 44701-4401 R-10-
532575548

The Neighbor to Neighbor program helps disadvantaged customers pay their electric bill. I want to help. My payment reflects my gift of \$

12732-1
100012732 01 AV 0.378



Make Check Payable and Send

To:
AMERICAN ELECTRIC POWER
JANE A BIDWELL PO BOX 24417 1051 LAS VEGAS BLVD STE
10515 CANTON OH 44701-4417
COLUMBUS, OH 43240-
1536



Please tear on dotted line



Return top portion with your payment

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE
10515
COLUMBUS, OH 43240-1536

Meter		Service Period		Meter Reading Detail			
Number	From	To	Previous	Code	Current	Code	
532575548	02/23	03/20	4406	Actual	5097	Actual	
Multiplier 1.0000			Metered Usage 691 KWH				
532575548	03/20	03/23	5097	Actual	5097	Actual	
Multiplier 1.0000			Metered Usage 0 KWH				
532575548	03/23	03/24	5097	Actual	5140	Actual	
Multiplier 1.0000			Metered Usage 43 KWH				
Next scheduled read date should be between Apr 22 and Apr 27							

Bidwell Set 1-6 attachment d

For Billing, Outage or Service
Inquiries,
Call: 1-800-672-2231
Pay By Phone: 1-800-611-0964

AEP OHIO Messages

In Case No. 12-2627-EL-RDR, the PUCO approved an adjustment to increase the Distribution Investment Rider, effective with this bill. This rider, which is adjusted quarterly, recovers capital costs associated with distribution infrastructure. A residential customer using 1,000 kWh per month will see an increase of \$0.27 per month.

Do Not Tamper - Tampering with an energized electric meter can cause serious injury or death. If you suspect a problem with your meter, call the customer service number listed on your electric bill for assistance. In addition, meter tampering is illegal and can result in fines and/or imprisonment.

Current Electric Charges Due \$ 114.66

Total Amount Due **\$795.39**
Due Date Apr 9

Price-to-Compare: For tariff 013, in order to save you money a new supplier must offer you a price lower than 8.8 cents per KWH for the same usage that appears on this bill. You may contact AEP at the phone number shown on this bill to receive additional information, including a written explanation, about this Price-to-Compare. Bidwell Set 1-6 Attachment 2 Send Inquiries To:

We now have outage alerts available.

Log onto your account and register for alerts and **we will notify you when your power goes out**, an estimate of when it will be restored, and then when it is restored. Once enrolled looking for our number will be a thing of the past!

PO BOX 24401
CANTON, OH 44701-4401 R-10-532575548

12732-1

Service Address:
JANE A BIDWELL
1051 LAS VEGAS BLVD STE 10515
COLUMBUS, OH 43240-1536

Rate Tariff: Residential Service-013

Page 2 of 2

Visit us at www.AEPOhio.com
Due date does Not Apply to the previous balance due.
See other side for Important Information

Rate Tariff: Residential

Service-013

Page 1 of 2

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$795.39	Apr 9, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 24, 2015

13 Month Usage History Total KWH for Past 12 Months is 4,297

Account Number	Total Amount Due	Due Date
101-614-908-2-5	\$795.39	Apr 9, 2015
Meter Number	Cycle-Route	Bill Date
532575548	17-65	Mar 24, 2015

Previous Charges:

Total Amount Due At Last Billing

Previous Balance Due

Current AEP Ohio Charges:

Tariff 013 -Residential Service 03/24/15

Service Delivery Identifier: 00040621055349459

Generation Service

Transmission Service

Distribution Service

Customer Charge

Retail Stability Rider

Deferred Asset Phase-In Rider

Month	Total KWH	Days	KWH Per Day	Cost Per Day	Average Temperature
Current	734	29	25	\$3.95	33°F
Previous	1,224	30	41	\$5.73	21°F
One Year Ago	0	0	0	\$0.00	0°F
Your Average Monthly Usage: 859 KWH					

Additional Messages

36.19

8.40

3.90

SCAM ALERT: Telephone scammers are calling customers claiming to represent AEP Ohio or AEP. The caller tells customers that power will be shut off unless a money pac green dot or vanilla reload it card is purchased to cover the amount the caller says is due on the account. We will never ask you to buy a money card for payment. We will also never call and ask you to make a payment with your debit or credit card over the phone. If you have any questions about your account, please call us.

To avoid unnecessary delays in crediting your electric payment, please do not paper clip or staple your check to the bill payment stub.



A unit of American Electric Power

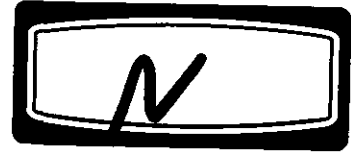
*If you pay your electric bill in person, remember to pay only at **AUTHORIZED** pay stations. These locations send notice of your payment immediately to **AEP Ohio** which could prevent service disconnection. Pay stations may charge a fee for this service. Keep your receipt as proof of payment. For a list of authorized pay stations or other payment options, visit our website at www.aepohio.com or call the number above.**

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Legal Department



May 19, 2016

VIA REGULAR MAIL AND EMAIL

Jane Ann Bidwell
3813 Far Hills Ave
Dayton, OH 45429
jane.bidwell03@gmail.com

**RE: In the Matter of the Complaint of Jane Ann Bidwell v. American Electric Power,
PUCO Case No. 15-1020-EL-CSS**

Dear Ms. Bidwell,

Ohio Power Company filed today with the Public Utilities Commission of Ohio the Direct Testimony of Michele L. Jeunelot. Please find it attached to this letter or on the docket under the above-captioned case number.

Sincerely,

/s/ Michael J. Benza
Michael J. Benza
American Electric Power Service Corporation
1 Riverside Plaza, 29th Floor
Columbus, Ohio 43215
Phone: 614-716-2959
Email: mbenza@aep.com
Counsel of Record

**BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO**

Jane Ann Bidwell,
Complainant,
v.
Ohio Power Company,
Respondent.

Case No. 15-1020-EL-CSS

TESTIMONY

OF

MICHELE L. JEUNELOT

ON BEHALF OF OHIO POWER COMPANY d/b/a AEP OHIO

Filed May 19, 2016

1 **Q. PLEASE STATE YOUR NAME AND BUSINESS ADDRESS.**

2 A. My name is Michele L. Jeunelot, and my business address is 850 Tech Center
3 Drive, Gahanna, Ohio 43230.

4 **Q. BY WHOM ARE YOU EMPLOYED AND IN WHAT CAPACITY?**

5 A. I am employed by Ohio Power Company ("AEP Ohio" or the "Company") as
6 Manager of Regulatory Operations.

7 **Q. WHAT ARE YOUR RESPONSIBILITIES AS MANAGER OF**
8 **REGULATORY OPERATIONS?**

9 A. In my role as AEP Ohio Manager of Regulatory Operations, I am responsible
10 for investigating customer complaints. In addition, I am responsible for ensuring
11 compliance with regulatory requirements.

12 **Q. WHAT IS YOUR PROFESSIONAL AND EDUCATIONAL**
13 **BACKGROUND?**

14 A. I earned a bachelor's degree in Electrical Engineering from Wright State
15 University and a master's degree in Business Administration from Capital
16 University. I have ten years of electric utility experience, focusing primarily on
17 distribution operations. In 2000, I joined Columbus Southern Power, an operating
18 unit of American Electric Power, as a Quality of Service Engineer supporting the
19 Columbus area. In 2002, I became a Project Design Engineer, before joining the
20 Distribution Support Group in 2006 as a Budget & Performance Analyst. In 2009, I
21 joined the Business Support Group as a Business Operations Support Analyst before
22 being named to my current position as AEP Ohio Regulatory Manager of Operations
23 in 2010.

1 **Q. WHAT IS THE PURPOSE OF YOUR TESTIMONY IN THIS**
2 **PROCEEDING?**

3 A. The purpose of my testimony is to address some of the factual issues raised in
4 the complaint filed by Ms. Jane Ann Bidwell (Ms. Bidwell) on May 27, 2015.
5 Through my testimony, I will show that AEP Ohio followed standard company
6 procedures to ensure consumer protection against fraud. I will also demonstrate that
7 AEP Ohio correctly followed all Commission rules or regulations, that AEP Ohio
8 breached no duty to Ms. Bidwell, and that AEP Ohio acted justly and reasonably.

9 **Q. PLEASE GIVE A BRIEF OVERVIEW OF YOUR TESTIMONY.**

10 A. Ms. Bidwell tried to commence electric service with AEP Ohio but was
11 unsuccessful in completing her customer application because she did not complete
12 all of the steps necessary for an applicant with a fraud alert. An applicant with a
13 fraud alert must complete a quick questionnaire generated by the credit rating agency
14 Experian (the "Experian Questionnaire", which, when completed satisfies "the Lease
15 and Identification requirement") in order to ensure that the applicant is the person
16 she claims to be. It is a customer protection measure given to all applicants with a
17 fraud alert. Ms. Bidwell had a fraud alert associated with her personal information
18 and therefore her application could not be completed without her completing the
19 Experian Questionnaire.

20 On October 8, 2014, Ms. Bidwell initiated her application for service. Shortly
21 after Ms. Bidwell's initial call, AEP Ohio was notified of the fraud alert. AEP Ohio
22 then sought to contact Ms. Bidwell by phone and by mail at the only respective
23 phone number and mailing address given to AEP Ohio by Ms. Bidwell. Ms. Bidwell

1 never responded to AEP Ohio's inquiries. She thereafter received electric service
2 from October of 2014 to March of 2015 and never paid for that service during that
3 time period, nor did she attempt to contact AEP Ohio until service was disconnected.
4 Service was disconnected because months of usage registered on the meter without a
5 customer of record at the residence in question. Moreover, AEP Ohio had no
6 reasonable means of knowing that anyone was staying at the disconnected apartment
7 as her application was never completed.

8 **Q. ARE YOU SPONSORING ANY EXHIBITS?**

9 A. Yes, I am sponsoring several exhibits. Each exhibit is either comprised of
10 information derived from AEP Ohio business records or is a true and accurate copy
11 of a probative document. They are as follows:

- 12 a) MLJ-1: Call Log of Ms. Bidwell and AEP Ohio
- 13 b) MLJ-2: Transcribed and Certified Call #1 (Ms. Bidwell calling to initiate
14 an application for service on October 8, 2014)
- 15 c) MLJ-3: Transcribed and Certified Call #2 (An AEP Ohio representative
16 calling Ms. Bidwell on October 9, 2014 to complete the Experian
17 Questionnaire and Ms. Bidwell's phone number diverting the call to a full
18 voicemail messaging system)
- 19 d) MLJ-4: Letter from AEP Ohio to Ms. Bidwell sent on October 10, 2014
20 requesting more information in order to complete her customer application
- 21 e) MLJ-5: Deposit request letter from AEP Ohio sent to Ms. Bidwell on
22 October 9, 2014

1 f) MLJ-6: Detailed deposit request letter from AEP Ohio sent to Ms. Bidwell
2 on October 9, 2014

3 g) MLJ-7: AEP Ohio's returned deposit check to Ms. Bidwell with her
4 endorsed signature on the back. The check is dated December 15, 2014.

5 h) MLJ-8: Monthly meter usage at service address in question

6 i) MLJ-9: AEP Ohio denial letter of Ms. Bidwell's claim

7 j) MLJ-10: Ohio Power Company Standard Tariff, PUCO No. 20, Terms and
8 Condition of Service, Section 19

9 k) MLJ-11: Summary of Ms. Bidwell's pending and actual accounts

10 j) MLJ-12: Evidence of fraud alert on Ms. Bidwell's identity in AEP system
11 on October 8, 2014

12 l) MLJ-13: Evidence of fraud alert on Ms. Bidwell's identity in AEP system
13 on March 20, 2015

14 **Q. DO ANY OF THESE EXHIBITS REQUIRE EXPLANATION BEFORE**
15 **WE PROCEED?**

16 **A.** An exhibit requiring explanation before we proceed is the call log, MLJ-1. It
17 is a log consisting of the date and time of each call logged between Ms. Bidwell and
18 AEP Ohio, and the length of the call, if known. When I reference a particular call, I
19 will indicate who initiated the call and who received it.

20 Other exhibits requiring explanation is the transcriptions of recorded phone
21 calls, respectively exhibited as MLJ-2 and MLJ-3. The transcriptions are of two
22 recorded phone calls certified by Armstrong & Okey, LLC. The first call took place

1 on October 8, 2014. (MLJ-1 and MLJ-2). This call consists of Ms. Bidwell's initial
2 attempt to apply for service. (MLJ-2)

3 The second transcribed call took place on October 9, 2014 and lasts eighteen
4 seconds. (MLJ-1) It is a recording of an AEP Ohio representative trying to call Ms.
5 Bidwell at the only number she provided, and that number diverting the call directly
6 to a voicemail box which was full and unable to receive further voice messages.
7 (MLJ-2, page 3, line 18; MLJ-3)

8 **Q. PLEASE BRIEFLY DESCRIBE THE NATURE OF MS. BIDWELL'S**
9 **COMPLAINT?**

10 A. Ms. Bidwell claims that she attempted to establish an account with AEP Ohio
11 on October 8, 2014 by telephone. She states that she was instructed to pay a deposit
12 and that she paid the deposit in full that day. She further claims that AEP Ohio
13 never sent her a bill, disconnected her without notice on March 20, 2015, and that,
14 as a result, her medication and food were spoiled.

15 **Q. DID MS. BIDWELL CALL AEP OHIO IN AN ATTEMPT TO**
16 **REQUEST SERVICE?**

17 A. Yes, Ms. Bidwell called AEP Ohio on Wednesday, October 8, 2014, in an
18 attempt to request electric service from AEP Ohio (MLJ-1 and MLJ-2). During that
19 call, she gave one address for service and one address for mailing. For her service
20 address she provided 1051 Las Vegas Boulevard, Apartment 105, Columbus, Ohio
21 43240. For her mailing address she provided 1051 Las Vegas Boulevard, Apartment
22 10515, Columbus, Ohio 43240. No other addresses were given. (MLJ-2, page 7,
23 line 9 through Page 8, line 3). She also provided one phone number, and declined to

1 provide an alternative number. (MLJ-2, page 3, line 18-22) She further requested
2 paper billing statements. (MLJ-1 and MLJ-2, page 5, line 1-3)

3 **Q. WAS AN ACCOUNT ESTABLISHED IN MS. BIDWELL'S NAME ON**
4 **OCTOBER 8, 2014?**

5 A. No, Ms. Bidwell failed to complete the customer application for service. Ms.
6 Bidwell never completed the questionnaire provided to AEP Ohio by Experian
7 prompted by a fraud alert. Therefore, Ms. Bidwell's application for service was
8 never completed and Ms. Bidwell was never a customer of AEP Ohio.

9 **Q. WHY DOES A FRAUD ALERT PREVENT MS. BIDWELL FROM**
10 **IMMEDIATELY ESTABLISHING AN ACCOUNT?**

11 A. Though Ms. Bidwell provided other personally identifying information in her
12 initial call to AEP Ohio on October 8, 2014, Ms. Bidwell's application for service is
13 incomplete until she answers the Experian Questionnaire verifying her identity,
14 which she never did. As I have mentioned and will explain below, AEP Ohio
15 attempted to contact Ms. Bidwell by telephone and mail, on October 9 and 10,
16 2014, respectively, in order to ask her the Experian Questionnaire, which, when
17 complete satisfies the Lease and Identification requirement. (Please see MLJ-12 for
18 evidence that AEP Ohio's system displayed such a requirement)

19 The fraud alert Experian Questionnaire conducted by AEP Ohio protects
20 customers against identity theft. Generally, when a customer's identity is stolen or
21 compromised, thieves have access to critical customer information such a copies of
22 driver's license, social security numbers, date of birth, etc. Therefore, individuals
23 like Ms. Bidwell, by herself or through an agent, sometimes protect themselves

1 against identity theft by placing a fraud alert on their identity. When AEP Ohio
2 sees that an individual has a fraud alert, AEP Ohio honors that individual's interest
3 in protecting his/her identity, and conducts the Experian Questionnaire prior to
4 completing the application for electric service.

5 **Q. WHEN IN THE APPLICATION PROCESS DOES AEP OHIO LEARN**
6 **THAT A FRAUD ALERT IS PRESENT?**

7 **A.**AEP Ohio is notified by a credit agency shortly after the initial application is
8 submitted. Here, Ms. Bidwell called to submit her initial application on October 8,
9 2014. (MLJ-1 and MLJ-2). Her application, however, was incomplete because she
10 needed to submit a deposit and complete the Experian Questionnaire in light of the
11 fraud alert on her identity. (See MLJ-12 to see that on October 8, 2014, the same
12 day she initially called, AEP Ohio is notified of the Lease and Identification
13 requirement for Ms. Bidwell because of the fraud alert)

14 **Q. WHAT ACTION DID AEP OHIO TAKE AFTER NOTING A FRAUD**
15 **ALERT ON MS. BIDWELL'S IDENTITY?**

16 An AEP Ohio representative called Ms. Bidwell on Thursday, October 9,
17 2014 to ask her the Experian Questionnaire in order to receive positive
18 identification and complete the Lease and Identification requirement. As the
19 transcribed and certified recorded call indicates, however, Ms. Bidwell's voice
20 messaging box was full and the AEP Ohio representative was therefore unable to
21 leave a voice message. (MLJ-1; MLJ-3; MLJ-12)

22 In addition, AEP Ohio sent a letter on October 10, 2014 to Ms. Bidwell at the
23 address she gave to AEP Ohio in her initial application phone call. (MLJ-2, page 7,

1 line 9 through page 8, line 3; MLJ-4) In that letter, AEP Ohio stated that the
2 Company had received the request to open service in her name, but that additional
3 information was needed before that request could be completed. It then states that
4 failure to respond to the letter will result in the cancellation of the request for
5 service and that service will be disconnected on or after October 19, 2014. Ms.
6 Bidwell was given an AEP Ohio number to contact in order to give that additional
7 needed information. (MLJ-4)

8 **Q. WHAT INFORMATION DOES THE EXPERIAN QUESTIONNAIRE**
9 **ASK FOR?**

10 A. It asks applicants specific questions that no one else would know but the
11 actual person named in the application. For instance, the tool may prompt AEP
12 Ohio to ask what city the applicant resided in 1994. Using this system allows AEP
13 Ohio to ensure that the person trying to open an account is actually the person they
14 claim to be. It is a customer protection measure.

15 **Q. DOES AEP OHIO ASK THE EXPERIAN QUESTIONNAIRE TO ALL**
16 **CUSTOMERS OPENING NEW ACCOUNTS?**

17 A. No, AEP Ohio only asks the Experian Questionnaire to customers whose
18 name indicates a fraud alert.

19 **Q. WOULD CALL CENTER REPRESENTATIVES KNOW ABOUT A**
20 **FRAUD ALERT ON AN APPLICANT'S IDENTITY?**

21 A. No. AEP call center representatives would not know on an initial call for the
22 application of service whether an individual has a fraud alert on her identity. If a
23 fraud alert exists, a credit agency notifies AEP Ohio shortly after the initial call for

1 application and AEP Ohio will then attempt to contact the applicant for the
2 additional information needed. Here, Ms. Bidwell started her application for service
3 on October 8, 2014 (MLJ-1 and MLJ-2). A fraud alert was flagged on her
4 application that same day and then AEP Ohio tried to contact Ms. Bidwell by phone
5 and mail on October 9, 2014 and October 10, 2014, respectively. (MLJ-1; MLJ-3;
6 MLJ-4)

7 **Q. ON WHAT DATE DID MS. BIDWELL REQUEST SERVICE TO**
8 **START?**

9 A. In Ms. Bidwell's initial call (made on Wednesday October 8, 2014) to AEP
10 Ohio, she requested that service start by her move-in date, which was that Friday or
11 Saturday, October 10, 2014 and October 11, 2014, respectively. She was informed
12 that AEP Ohio could start service on Friday, October 10, 2014, to which Ms.
13 Bidwell agreed. (MLJ-1 and MLJ-2, page 2, line 19 through page 3, line 7)

14 **Q. DESPITE THE ATTEMPTED CALL AND THE DELIVERED**
15 **LETTER, DID MS. BIDWELL CONTACT AEP OHIO AS REQUESTED?**

16 A. No, Ms. Bidwell did not contact AEP Ohio to give the additional requested
17 information despite the requests from AEP Ohio to do so. As a result, Ms. Bidwell's
18 application was never completed and her request for service was cancelled. With a
19 fraud alert on Ms. Bidwell's identity, and without the additional information AEP
20 requested for positive identity, AEP Ohio could not assume the application was
21 valid, or that the individual asking to request service was actually Jane Bidwell.

22 **Q. WHAT EVIDENCE DOES AEP OHIO HAVE THAT INDICATES**
23 **THAT LETTERS WERE SENT TO MS. BIDWELL ON OCTOBER 10, 2014?**

1 A. AEP Ohio sent a letter on October 10, 2014 to Ms. Bidwell at the address she
2 specified in her initial call to AEP Ohio. AEP Ohio's system kept a copy of the
3 letter sent. (MLJ-2, page 7, line 9 through page 8, line 3). Moreover, AEP Ohio
4 mailed two deposit letters to Ms. Bidwell at the same address on October 9, 2014,
5 and copies of those letters were kept in AEP Ohio's system. (MLJ-5 and MLJ-6).
6 AEP Ohio also sent a return deposited check to that same address in December of
7 2014. Ms. Bidwell cashed that deposit check. (MLJ-7, please see address on check
8 and Ms. Bidwell's endorsement on the back of the check). There was nothing else
9 within reason that AEP Ohio could have done to ensure that Ms. Bidwell received
10 the letter.

11 **Q. WHY DID AEP OHIO SEND MS. BIDWELL A DEPOSIT**
12 **REQUIREMENT LETTER ON OCTOBER 9, 2014?**

13 A. AEP automatically generates a letter when a customer calls if additional
14 requirements are needed in order to complete the application for service. When Ms.
15 Bidwell called, she had a deposit requirement, so the system automatically
16 processed a letter to go out the next day detailing her deposit requirements. (MLJ-5
17 and MLJ-6).

18 **Q. WHY DID AEP OHIO NOT DISCONNECT IMMEDIATELY WHEN**
19 **THE PENDING REQUEST FOR SERVICE WAS CANCELLED?**

20 A. AEP Ohio does not automatically disconnect service when a request to open
21 service is cancelled. AEP Ohio generally leaves power on between customers at
22 locations for convenience of the customer and cost saving benefits. For example, in
23 apartment complexes, such as where Ms. Bidwell lived, if customers are moving in

1 and out within a short period of time, the cost to send a meter technician to
2 disconnect the meter and then reconnect is not a cost we want to pass onto
3 customers. In addition, new customers moving in would have to wait one to three
4 business days to get service connected and many customers may not plan that far
5 ahead.

6 In Ms. Bidwell's case, the system did not show that a customer had moved in
7 or had moved out because AEP Ohio has no way of knowing that and there was no
8 customer of record at that location. Therefore, our system assumes a new customer
9 is going to move into a residence. The exception to this scenario would be if the
10 company sees usage on the meter without a customer of record at the premise.

11 **Q. DID USAGE SHOW ON THE METER AT THE SERVICE ADDRESS**
12 **MS. BIDWELL LISTED IN HER INITIAL REQUEST-FOR-SERVICE**
13 **CALL?**

14 **A.** Usage did show, but that usage did not indicate that someone was occupying
15 the residence. Many times customers move out and leave on a heater or air-
16 conditioner, or leave all the appliances plugged-in. Also, realtors or apartment
17 managers leave lights on after showing properties to prospective buyers. In all of
18 these cases, usage will occur and fluctuate when the residential property is vacant.
19 Therefore, even though the meter showed usage at the service address in question,
20 there was no way for AEP Ohio to know someone was occupying that location.

21 (MLJ-8)

22 **Q. DID MS. BIDWELL RECEIVE ANY BILLS FROM AEP OHIO**
23 **DURING THE TIME PERIOD OF OCTOBER 8, 2014 TO MARCH 20, 2015?**

1 A. No, since Ms. Bidwell never completed the steps needed to become a
2 customer of record, she never received any bills for electric.

3 **Q. PRIOR TO THE DISCONNECTION AT ISSUE, DID MS. BIDWELL**
4 **CALL AEP OHIO ANYTIME BETWEEN OCTOBER 9, 2014 AND MARCH**
5 **20, 2015 TO INQUIRE INTO WHY SHE WAS NOT RECEIVING ANY**
6 **BILLS?**

7 A. No. Please see MLJ-1 to observe the absence of such calls.

8 **Q. DID MS. BIDWELL CALL AEP OHIO AT ANYTIME PRIOR TO**
9 **BEING DISCONNECTED TO INQUIRE WHY SHE RECEIVED HER**
10 **DEPOSIT BACK IN DECEMBER OF 2014?**

11 A. No. Please see MLJ-1 to observe the absence of such calls.

12 **Q. WHEN WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

13 A. Friday, March 20, 2015.

14 **Q. WHY WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

15 A. Because there had been no customer of record at the service address in
16 question for months and there was usage being registered on the meter.

17 **Q. WHAT TIME WAS MS. BIDWELL'S SERVICE DISCONNECTED?**

18 A. Sometime prior to noon. Per the rules, AEP Ohio does not disconnect
19 customers past noon on Fridays.

20 **Q. WHEN DID MS. BIDWELL FIRST CONTACT AEP OHIO ABOUT**
21 **BEING DISCONNECTED?**

22 A. Records reflect that Ms. Bidwell called AEP Ohio on March 20, 2015 around
23 1:45 p.m. to report that her service was disconnected. (MLJ-1)

1 **Q. MS. BIDWELL CLAIMS SHE WAS NOT GIVEN ANY TYPE OF**
2 **DISCONNECTION NOTICE—IS THIS TRUE?**

3 A. Ms. Bidwell was given a disconnection notice in the October 10, 2014 letter
4 which stated that if AEP Ohio did not receive the additional information needed,
5 service would be disconnected. (MLJ-4) Also, AEP Ohio did not know anyone was
6 living at the address at issue in this complaint when service was disconnected on
7 March 20, 2015. AEP Ohio had no customer of record associated with that address.

8 **Q. HAVE YOU REVIEWED THE RECORDED PHONE CALLS**
9 **BETWEEN AEP OHIO AND MS. BIDWELL ON MARCH 20, 2015?**

10 A. Yes. (See MLJ-1)

11 **Q. WHEN MS. BIDWELL MADE HER INITIAL CALL TO AEP TO**
12 **REPORT THAT SHE WAS DISCONNECTED, WHAT TIMELINE WAS**
13 **SHE GIVEN THAT NEW SERVICE COULD BE ESTABLISHED?**

14 A. The agent explained to Ms. Bidwell that service would be restored in one to
15 three business days. Because Ms. Bidwell was never a customer of record, Ms.
16 Bidwell was a new customer and it takes one to three business days to connect new
17 customers for service.

18 **Q. DID MS. BIDWELL MAKE A SECOND CALL TO AEP AFTER SHE**
19 **WAS DISCONNECTED ON FRIDAY, MARCH 20, 2015?**

20 A. Yes, Ms. Bidwell called AEP Ohio around 10:23 p.m. that same day on
21 Friday, March 20, 2015.

22 **Q. WHEN WAS NEW SERVICE ESTABLISHED?**

1 A. On Monday, March 23, 2015, within the one to three business day time period
2 given to Ms. Bidwell. Service was established in one business day.

3 Q. DID MS. BIDWELL HAVE TO PAY A DEPOSIT AND ANSWER THE
4 EXPERIAN QUESTIONNAIRE WHEN INITIATING A NEW ACCOUNT
5 ON MARCH 20, 2015?

6 A. Yes, Ms. Bidwell called to set-up a new account; she paid a deposit on March
7 20, 2015; and answered the Experian Questionnaire on March 23, 2015, completing
8 the Lease and Identification requirement. (MLJ-13) Therefore, she completed the
9 application and became an AEP Ohio customer for the first time.

10 Q. WERE THERE ANY OTHER CALLS BETWEEN AEP OHIO AND
11 MS. BIDWELL RELEVANT TO THE ISSUE IN THIS COMPLAINT?

12 A. Yes. Two calls were made on March 23, 2015 to Ms. Bidwell from an AEP
13 representative investigating a complaint Ms. Bidwell made to AEP. The
14 representative was able to get Ms. Bidwell's service restored that same day, March
15 23, 2015, one business day after her application was started. On March 31, 2015,
16 that same representative called Ms. Bidwell to discuss the details regarding her
17 account and to discuss her complaint, leaving a voice message for Ms. Bidwell. Ms.
18 Bidwell returned the call to the representative on that same date, March 31, 2015,
19 asking some billing questions. On April 1, 2015 a claims representative left a
20 message for Ms. Bidwell regarding her claim for lost food and medication. Ms.
21 Bidwell returned the call the same day and spoke to the representative. On May 5,
22 2015 a customer service representative contacted Ms. Bidwell to discuss a complaint
23 made by Ms. Bidwell to the Better Business Bureau and left a voicemail. Ms.

1 Bidwell called that representative back to discuss customer's claim for lost food and
2 medicine. On May 13, 2015, Ms. Bidwell contacted the same representative she
3 spoke with on March 23, 2015, discussing generally what has already been detailed
4 in this paragraph.

5 **Q. WAS A DAMAGE CLAIM FILED BY MS. BIDWELL WITH AEP FOR**
6 **HER ALLEGED LOST FOOD AND LOST MEDICATION?**

7 A. Yes, it was denied. On April 1, 2015, it was denied because AEP Ohio's
8 investigation determined that a valid disconnect occurred. (MLJ-9). In that letter, the
9 terms and conditions of the Ohio Power Company Standard Tariff, Section 19 were
10 attached. (MLJ-10 is the current Section 19 of the Tariff).

11 **Q. CAN YOU BRIEFLY DESCRIBE MS. BIDWELL'S ACCOUNT**
12 **HISTORY?**

13 A. Yes, I have her account history from October 8, 2014 to September 1, 2015.
14 Her first pending account was finaled. On that pending account, she paid an \$82.00
15 on October 8, 2014, and her deposit refund of \$82.00 was triggered in the system on
16 December 9, 2014. (MLJ-11). She did not, however, complete the required Experian
17 Questionnaire; hence she did not complete the Lease and Identification requirement.
18 (MLJ-12).

19 On March 20, 2015, the date of disconnection, a second attempt to initiate
20 service was made. During this attempt, Ms. Bidwell paid an \$82.00 deposit. She
21 answered the Experian Questionnaire for this account application on March 23,
22 2015, completing the Lease and Identification requirement. The application was

1 therefore complete and she was now an AEP Ohio customer for the first time. (MLJ-
2 13)

3 Ms. Bidwell's payment history since becoming a customer in March of 2015
4 is as follows: on March 23, 2015, a bill for Ms. Bidwell's usage from October of
5 2014 to February of 2015 was generated indicating \$680.73 was due on April 8,
6 2015. Her March bill indicated \$114.66 was due on April 9, 2015. Ms. Bidwell paid
7 two separate amounts on April 10, 2015, one for \$500.00 and another for \$295.39.
8 Ms. Bidwell paid her April bill, due on May 11, 2015, on May 26, 2015. She paid
9 her May bill, due on June 11, 2015, on June 18, 2015. She paid her June bill, due on
10 July 10, 2015, on July 15, 2015. She paid her July bill, due on August 12, 2015, on
11 August 13, 2015. Lastly, an August bill was generated and due on September 10,
12 2015. (MLJ-11).

13 **Q. PLEASE SUMMARIZE YOUR TESTIMONY.**

14 **A.** On October 8, 2014, Ms. Bidwell called AEP Ohio to initiate service. Her
15 application, however, was not complete at the end of this call because she needed to
16 make a deposit and answer the Experian Questionnaire in light of a fraud alert. The
17 Experian Questionnaire is asked of all customers with a fraud alert in order to protect
18 customers from identity theft. In order to gather the additional information needed
19 for the Experian Questionnaire, an AEP Ohio representative called Ms. Bidwell on
20 October 9, 2014 at the only number she provided, though she was given the option to
21 provide an alternate number. That call was diverted to an automated voice
22 messaging system which was unable to receive further messages since the inbox was
23 full.

1 AEP Ohio also mailed a letter to Ms. Bidwell on October 10, 2014 at the only
2 address she provided. That letter stated that AEP Ohio needed additional information
3 in order to complete her request for service or service would be disconnected. Ms.
4 *Bidwell never responded and so the application was never completed. At the service*
5 address in question, then, no customer of record existed. Usage showed on the meter
6 but, as explained, that does not mean that someone is living at the residence—people
7 often leave the heat, air-conditioner or lights on at a location between residents. In
8 addition, it takes one to three business days to connect a new customer, so it is more
9 convenient for new customers to have electric service on when they move into a new
10 residence.

11 AEP Ohio disconnected at the location at issue on March 20, 2015 because
12 usage showed on the meter and no customer of record existed. AEP Ohio had no
13 reasonable means of knowing a person lived there. After disconnection, Ms. Bidwell
14 initiated an account, paid a deposit, and answered the Experian Questionnaire. She
15 therefore completed an application for service in March of 2015 and became an AEP
16 Ohio customer for the first time.

17 **Q. DOES THIS CONCLUDE YOUR TESTIMONY?**

18 **A. Yes.**

CERTIFICATE OF SERVICE

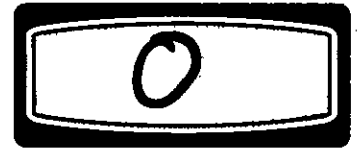
I hereby certify that a copy of the foregoing was served upon Complainant by regular mail and email at the addresses listed below on this day, May 19, 2016.

Jane Ann Bidwell
3813 Far Hills Ave
Dayton, Ohio 45429
jane.bidwell03@gmail.com

/s/ Michael J. Benza
Michael J. Benza

Usage Data for Jane Bidwell as of September 1, 2015

Date	Billing KWH
8/25/2015	709
7/25/2015	562
6/24/2015	588
5/23/2015	560
4/23/2015	664
3/24/2015	734
2/23/2015	1224
1/24/2015	1149
12/22/2014	790
11/19/2014	641
10/22/2014	493



FILF



BEFORE

RECEIVED-DOCKETING DIV

THE PUBLIC UTILITIES COMMISSION OF OHIO HEALTH 2015 AUG 31 AM 7:59

Jane Ann Bidwell, Jane A.

)

PUCO

Complainant,

)

v.

)

Case No: 15-1020-EL-CSS

Ohio Power Company

)

Respondent

)

MOTION FOR DISCOVERY:

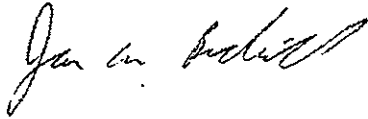
Complainant brings forth request for Motion for Discovery. The following items are being requested to proceed with complaint before the Public Utilities Commission:

1. Copies of all recorded calls between Jane Bidwell and any APE representative from March 19, 2015 to present
2. Copies of any letters claimed to be generated to Jane Bidwell from AEP (handwritten or computer generated).
3. Logs of phone calls made from AEP to Jane Bidwell from October 8, 2014 to present including, Date, Time, Length of phone call.
4. List of questions asked of Jane Bidwell to "verify" her identity.
5. Dates of all attempted contact with Jane Bidwell from October 8th, 2014 through present
6. Copies of all billing to Jane Bidwell for services rendered
7. Payment history for all bills to Jane Bidwell
8. Copies of any applications made to AEP
9. Signatures from Jane Bidwell for completion of application process
10. Copies of Disconnection notice
11. Kilowatt usage of Jane Bidwell's apartment from January 2014 thru August 2015 – broken down by monthly readings
12. Proof of printing of computer generated paper letters from AEP computer system to Jane Bidwell

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Technician SMA Date Processed AUG 31 2015

13. Copies of hand-written letters from AEP to Jane Bidwell
14. Proof of mailing of any letters written by AEP (hand-written or computer generated) to Jane Bidwell on October 8th through Present (i.e. US Postal service, FedEx, UPS, etc.
15. Proof of delivery of any letters mailed to Jane Bidwell
16. Any request by Jane Bidwell to cancel her service (written, verbal, or electronically generated)
17. Copy of refund check from AEP

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Jane A. Bidwell".

Jane A. Bidwell

Complainant



Public Utilities Commission



15-1020-EL-CSS

6

Case Number

Utilities Commission of Ohio
Attn: Docketing
180 E. Broad St.
Columbus, OH 43215

Formal Complaint Form

Jane Ann Bidwell
Customer Name (Please Print)

10515 Las Vegas Blvd
Customer Address

Columbus OH 45429
City State Zip

Against

101-614-908-2-5
Account Number

American Electric Power
(AEP)
Utility Company Name

Same
Customer Service Address (if different from above)
Columbus OH
City State Zip

Please describe your complaint. (Attach additional sheets if necessary)

Please see attached description

RECEIVED-DOCKETING DIV
2015 MAY 27 AM 10:12
PUCO

Jane A Bidwell
Signature

937-760-0976
Customer Telephone Number

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Technician TE Date Processed MAY 27 2015

COMPLAINT:

Jane Bidwell is a customer and resident of 1051 Las Vegas Blvd, Apt 105, Columbus, OH 43240, located in Franklin County, in Columbus Ohio. Customer's electrical service is supplied by American Electric Power(AEP) doing business in Franklin County, Oh.

FACTS OF CASE:

On October 8, 2014 Customer contacted American Electric Power to establish electrical service at 1051 Las Vegas Blvd, Apt. 105, Columbus, OH. Customer was instructed there would be an \$82.00 deposit required, and this deposit was paid in full on October 8, 2014 by Customer during a second phone call initiated by Customer.

No further contact from American Electrical Power expressing status of account, billing, disconnect notice, either written or otherwise, was received by Customer until March 20, 2015

On Friday, March 20, 2015 Ms. Bidwell discovered the electrical service to her address was disconnected. Customer never received a disconnection notice prior to this disconnection of service.

Customer contacted AEP multiple times on March 20, 2015 in an attempt to establish electrical service. These calls were recorded by AEP. Customer stated multiple times the need for electrical service to preserve her life-saving medication, Insulin. Customer offered to pay in full any outstanding billing issues. Customer was denied the opportunity to pay billing in full in order to gain electrical power to preserve her medication.

Customer was told by American Electric Power that her account had been closed in October, 2014, without authorization by, or knowledge of Customer.

Customer took steps to immediately reestablish service, which required a second deposit to be made to American Electric Power. Service was not re-established until the afternoon of Monday, March 23, 2015.

Contact was made via hand delivered letter by Jane Bidwell to Nick Akins, CEO of American Electric Power on Monday, March 23, 2015 explaining the circumstances of the disconnect.

On the morning of March 23, 2015 Jane Bidwell was contacted by an AEP representative, who stated she was tasked with investigating the circumstances by Mr. Akins personally.

Approximately 10 days after this initial contact with the AEP representative, Customer was once again contacted by this same representative and told the outcome of the investigation. As told to Ms. Bidwell by this representative, there was:

- a. Two letters were sent to Ms. Bidwell on October 8, 2014. Customer denies these letters were ever received. Content of said letters is unknown to Ms. Bidwell.
- b. AEP also stated one letter was sent to Ms. Bidwell on October 9, 2014. Ms. Bidwell has also never received this letter. Content of said letter is unknown to customer.
- c. AEP states a phone call was made to Ms. Bidwell either October 8th or October 9th, and that Ms. Bidwell's voice mail was full, therefore a message was never left by AEP. Ms. Bidwell disputes these claims that a phone call was placed to her only phone (937-760-0976)
- c. No further contact by AEP was attempted after October 9, 2014 until disruption of electrical power on March 20, 2015.
- d. AEP Representative stated there was never a bill generated to Ms. Bidwell prior to March 23, 2015.
- e. AEP representative stated there was never a disconnect notice given to this occupied residence
- f. AEP representative stated she would open claim for reimbursement of lost food and medicine.

Ms. Bidwell received first bill generated for her account dated March 23, 2015 for \$680.73.

Ms. Bidwell received a second bill generated for her account dated March 24, 2015 for \$795.39.

All bills have been paid in full by Customer.

Customer received a phone call from Claims Representative, Angela Hall, denying all claims for reimbursement of lost food and medicine.

Customer received a letter from Angela Hall, dated April 1, 2015 stating claim would be denied.

Ms. Bidwell claims, American Electric Power is liable for expenses for the following reasons:

- A. In accordance with P.U.C.O. no 20 Customer met requirements that claim of loss was given to AEP within the 30 day limit.
- B. Actions of AEP is in direct violation of Ohio Revised Code 4933.121 (Company may shut off electricity – Exception):

- i. (A) “. an electric light company shall not, for any reason, unless requested by the consumer for safety reasons, or unless tampering with utility company equipment or theft of electricity or utility company equipment has occurred, cease to provide electricity or utility company equipment has occurred, cease to provide electricity to any residential consumer for the period beginning on the fifteenth day of November and ending on the fifteenth day of the following April, unless both of the following apply: (1) the account of the consumer is in arrears thirty days or more. (2) If the occupant of residential premises is a tenant whose landlord is responsible for payment for the service provided by the company, the company has, five days previously, notified the occupant of its intent to discontinue service to the occupant.”
 - 1. The Energy Credit Program pertaining to 5117.11 under Section (A) is not included in this complaint, since Customer does not qualify for Energy Credit Program.
 - 2. Discontinuation of electrical service by AEP was not requested by Ms. Bidwell.
 - 3. Service was discontinued on March 20, 2015, which falls within the statute that no service shall be discontinued between November 15 and April 15.
 - 4. No bill was generated by AEP to Customer prior to the March 20, 2015 termination of electric service, Customer was given no due date since bill was never generated, and therefore could not be 30 days in arrears.
 - 5. Landlord was not responsible for payment of service by AEP.
 - 6. Therefore both exceptions to ORC 4933.121 Section (A) were not met to allow termination of services.
- ii. Section (C) of ORC 4933.121 (Company may shut off electricity – Exception): states “No company shall cease to provide electricity to any residential premises between the fifteenth day of November and the fifteenth day of April because of failure to pay the amount due for the electricity unless the company, at the time it sends or delivers to the premises notices of termination, informs the occupant of the premises where to obtain state and federal aid for payment of utility bills and for home weatherization and information on local government aid for payment of utility bills and for home weatherization”. AEP is in violation of this statute because
 - 1. The service was discontinued on March 20, 2015, which falls within the exception dates of November 15 thru April 15.

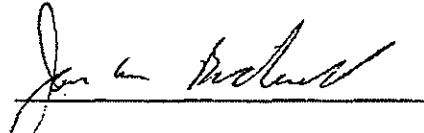
2. No notice of termination of services was given to Ms. Bidwell, and according to AEP representative, notice was never generated by AEP.
3. Therefore no attempt was made to inform Ms. Bidwell of state and federal aid for payment of utility bills, etc.
4. With the rise of KW usage attributed to his address, AEP cannot raise claim this address was unknown to be occupied.
5. All conditions of 4933.121 Section (C) were not met, and therefore AEP is in direct violation of ORC 4933.121 (C).

c. AEP is in direct violation of ORC 4933.122 (Procedure for Terminating Residential Services) stating, "No natural gas, gas, or electric light company shall terminate service except for safety reasons or upon the request of the customer, at any time to a residential consumer, except pursuant to procedures that provide for all of the following: (A) reasonable prior notice is given to such consumer, including notice of rights and remedies, and no due date shall be established, after which a customer's account is considered to be in arrears if unpaid, that is less than fourteen days after the mailing of the billing". (B) A reasonable opportunity is given to dispute the reasons for such termination. (C) "In circumstances in which termination of service to a consumer would be especially dangerous to health . . . " AEP is in violation of this ORC 4933.122 statute because:

- i. Ms. Bidwell did not request to terminate services with AEP.
- ii. Since no disconnect notice was given to Ms. Bidwell, therefore no reasonable prior notice was given, no notice of rights and remedies given to Ms. Bidwell.
- iii. Additionally, with no bill being generated, therefore there was no due date established for Customer, so no opportunity to be fourteen days in arrears.
- iv. No reasonable opportunity was given to Ms. Bidwell to dispute the reasons for termination, prior to Electrical service being discontinued, since Customer was unaware the electrical service would be disconnected without due notice generated by AEP.
- v. Additionally, service was discontinued on Friday, March 20, 2015. Customer had very little time to attempt to reconnect service before business was concluded at the end of the day for AEP. This meant a prolonged period of time (Saturday thru most of Monday) without electrical service to deal with re-establishing service. It was impossible to provide suitable refrigeration of life-saving medication, thereby causing medication to be ruined due to AEP's actions.
- v. Ms. Bidwell repeatedly told AEP on March 20, 2015 in multiple phone calls of the need to refrigerate life-saving medication, Insulin. These are recorded calls within their organization.

For all of the above reasons, I am respectfully requesting the Public Utilities Commission of Ohio to review all facts, and law to assist me in receiving **REIMBURSEMENT** in the sum of \$3,569.17 for loss of food and medication:

Lost Insulin:	\$3,379.76
Lost food:	<u>\$ 189.41</u>
TOTAL	\$3,569.17



Jane A. Bidwell

Customer