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JOE F. CHILDERS & ASSOCIATES MAY 31 2013

ATTORNEYS AT LAW
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Joe F. Childers, Esquire
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PUBLIC SERVICE
COMMISSION

Telephone: (859) 253-9824
Facsimile: (859) 258-9288

May 31, 2013

Jeff Derouen
Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
Frankfort, Kentucky 40601

RE: In the Matter of: ALTERNATIVE RATE FILING ADJUSTEMENT
APPLICATION OF JOHNSON COUNTY GAS COMPANY
Case No. 2012-140


Dear Mr. Derouen:

Please find enclosed for filing in the above referenced action the original and ten copies of the Applicant's Supplemental Response to Post Hearing Data Requests in the above referenced case. I have included one extra copy. Please return a file stamped copy for my records.

In addition, please find eleven copies of a letter in response to two letters from Columbia Pipeline Group, dated May 17, 2013 and May 30, 2013, which were received by Johnson County Gas Company and which were filed with the Commission. I am not sure whether this letter is to be filed in the above-referenced proceeding or in another matter. However, it should be filed wherever the letters from Columbia Pipeline Group were filed. Please return a file stamped copy for my records.

Thank you for your attention to this matter.

Yours truly,



Joe F. Childers

Cc: Bud Rife
JFC/ds

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

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MAY 31 2013

PUBLIC SERVICE
COMMISSION

In the Matter of:

ALTERNATIVE RATE FILING ADJUSTMENT)
APPLICATION OF JOHNSON COUNTY GAS) CASE NO. 2012-140
COMPANY)

APPLICANT'S SUPPLEMENTAL RESPONSE
TO POST HEARING DATA REQUESTS

Comes the applicant, Johnson County Gas Company, by counsel, and for its

Supplemental Response to Post Hearing Data Requests states as follows:

Post Hearing Data Requests

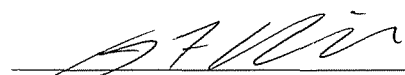
11. The most recent tax return for Hall, Stephens & Hall, including any K-1 issued to Bud as a partner.

RESPONSE: Hall, Stephens & Hall has not filed any tax returns and Bud Rife has received no K-1's from Hall, Stephens & Hall.

13. A copy of the declarations page for the general liability insurance policy maintained by Johnson County Gas.

RESPONSE: Please see documents attached hereto and marked Exhibit 13.

Respectfully submitted,



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EXHIBIT 13 CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Elite Agency, Inc. 2408 Sir Barton Way Suite 375 Lexington KY 40509	CONTACT NAME: Doris Mattingly PHONE (A/C, No. Ext.): (606) 432-7283 FAX (A/C, No.): (888) 434-0119 EMAIL ADDRESS: _____ _____												
INSURED B & H Gas Co Inc Johnson County Gas Co., Inc. PO box 155 Harold KY 41635	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Century Surety Company</td> <td>36951</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Century Surety Company	36951	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURER(S) AFFORDING COVERAGE	NAIC #												
INSURER A: Century Surety Company	36951												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES **CERTIFICATE NUMBER:** Master CGL (13/14) **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CCP814565	4/25/2013	4/25/2016	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DED	RETENTION \$				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y/N	N/A			WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below					OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Public Service Commission 211 Sower Boulevard Frankfort, KY 40603	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Doris Mattingly/DORIS <i>Doris Mattingly</i>
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May 30, 2013

Jamie Swartz
Credit Relationship Manager
Columbia Pipeline Group
200 Civic Center Drive
Columbus, Ohio 43215-4138

RE: Johnson County Gas Company, Inc.

Dear Ms. Swartz:

Mr. Bud Rife, President of my client, Johnson County Gas Company, Inc. ("Johnson County"), has provided me with copies of your May 17, 2013 letter and your letter dated May 30, 2013. In the latter, you provide several options for Johnson County Gas Company to regain "creditworthiness" status with Columbia Pipeline Group ("Columbia").

Johnson County is presently awaiting a ruling by the Kentucky Public Service Commission ("Commission") on its request for a rate increase. Until such time as the Commission issues its decision, which we expect soon, Johnson County is unable to meet any of the options outlined in your letter to assure its creditworthy status.

You confirmed in our telephone conversation today that if the creditworthiness of Johnson County cannot be reestablished to Columbia's satisfaction, Columbia will suspend any further sales of gas to Johnson County and will suspend the transportation of purchased gas by Johnson County. As I understand your May 30 letter, this suspension could not occur until thirty (30) days after June 29, 2013. Please confirm that this assumption is correct.

Thank you for your attention to this matter.

Sincerely,



Joe F. Childers

Cc: Mr. Bud Rife
Kentucky Public Service Commission
JFC/ds