

**Case No. 2009-00354**  
**Atmos Responses to Staff's**  
**First Data Requests**  
**Volume 2 of 3**

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**PUBLIC SERVICE  
COMMISSION**

REQUEST:

Provide, in the format provided in Schedule 20, an analysis of the gross additions, retirements, and transfers for each major functional gas plant property group or account for Atmos-Kentucky occurring in the base period and forecasted test period. For any account in which transfers regularly occur in the normal course of business, include a general description of the nature of the transfers.

RESPONSE:

Please see Attachment 1 for the requested information.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Plant Data, 6 Pages.

Witness: Ernie Napier

ATMOS ENERGY CORP.; KENTUCKY/MID-STATES DIVISION  
CASE NO. 2009-00354

Gross Additions, Retirements, and Transfers  
As of December 31, 2009

Line No.	Account No.	Account Title	Beginning Balance (Dec. 31 2008)	Additions	Retirements	Transfers/Reclassifications			Ending Balance (Dec. 31 2009)
						Transfers	Explanation of Transfers	Other Accounts Involved	
1	<b>009 - Kentucky Division</b>								
2	30100	30100-Organization	\$ 8,330	\$ -	\$ -	\$ -			\$ 8,330
3	30200	30200-Franchises & Consents	119,853	-	-	-			119,853
4	32520	32520-Producing Leaseholds	2,353	-	-	-			2,353
5	32540	32540-Rights-of-Way	83,422	-	-	-			83,422
6	33100	33100-Production Gas Wells Equipmen	3,492	-	-	-			3,492
7	33201	33201-Field Lines	47,163	-	-	-			47,163
8	33202	33202-Tributary Lines	528,218	-	-	-			528,218
9	33400	33400-Field Meas. & Reg. Sta. Equip	192,384	-	-	-			192,384
10	33600	33600-Purification Equipment	44,369	-	-	-			44,369
11	35010	35010-Land	261,127	-	-	-			261,127
12	35020	35020-Rights of Ways	4,682	-	-	-			4,682
13	35100	35100-Structures & Improvements	11,250	-	-	-			11,250
14	35102	35102-Compressor Station Equipment	153,261	-	-	-			153,261
15	35103	35103-Meas. & Reg. Sta. Structures	23,138	-	-	-			23,138
16	35104	35104-Other Structures	137,443	-	-	-			137,443
17	35200	35200-Wells	354,174	-	-	-			354,174
18	35201	35201-Well Construction	1,876,783	-	-	-			1,876,783
19	35202	35202-Well Equipment	477,339	-	-	-			477,339
20	35203	35203-Cushion Gas	1,694,833	-	-	-			1,694,833
21	35210	35210-Leaseholds	178,530	-	-	-			178,530
22	35211	35211-Storage Rights	54,614	-	-	-			54,614
23	35301	35301-Field Lines	178,501	-	-	-			178,501
24	35302	35302-Tributary Lines	209,458	-	-	-			209,458
25	35400	35400-Compressor Station Equipment	927,898	-	-	-			927,898
26	35500	35500-Meas. & Reg. Equipment	242,482	-	-	-			242,482
27	35600	35600-Purification Equipment	164,849	-	-	-			164,849
28	36510	36510-Land & Land Rights	26,970	-	-	-			26,970
29	36520	36520-Rights-Of-Way	867,772	-	-	-			867,772
30	36602	36602-Structures & Improvements	44,243	-	-	-			44,243
31	36603	36603-Other Structures	60,940	-	-	-			60,940
32	36700	36700-Mains - Cathodic Protection	403,219	-	-	-			403,219
33	36701	36701-Mains - Steel	24,405,788	4,750,408	(331,182)	-			28,825,014

Transfers/Reclassifications									
Line No.	Account No.	Account Title	Beginning Balance (Dec. 31 2008)	Additions	Retirements	Transfers	Explanation of Transfers	Other Accounts Involved	Ending Balance (Dec. 31 2009)
34	36900	36900-Meas. & Reg. Sta. Equipment	595,357	-	-	-			595,357
35	36901	36901-Meas. & Reg. Sta. Equipment	2,402,979	-	(197,779)	-			2,205,200
36	37400	37400-Land & Land Rights	98,315	3	-	-			98,318
37	37401	37401-Land	37,326	-	-	-			37,326
38	37402	37402-Land Rights	244,548	-	-	-			244,548
39	37403	37403-Land Other	2,784	-	-	-			2,784
40	37500	37500-Structures & Improvements	321,845	-	-	-			321,845
41	37501	37501-Structures & Improvements T.B	104,309	-	(4,805)	-			99,504
42	37502	37502-Land Rights	46,591	-	-	-			46,591
43	37503	37503-Improvements	4,005	-	-	-			4,005
44	37600	37600-Mains - Cathodic Protection	10,310,779	237,941	(140,706)	-			10,408,014
45	37601	37601-Mains - Steel	66,432,703	1,955,472	(189,922)	-			68,198,253
46	37602	37602-Mains - Plastic	28,767,335	1,126,504	(449)	-			29,893,389
47	37800	37800-Meas. & Reg. Sta. Eq-General	3,582,018	(91,776)	(78,699)	-			3,411,543
48	37900	37900-Meas. & Reg. - City Gate	1,580,397	5,365	-	-			1,585,762
49	37905	37905-Meas. & Reg. Sta. Equip T.B.	1,578,164	-	(169,879)	-			1,408,286
50	38000	38000-Services	81,412,064	3,482,388	(697,673)	-			84,196,778
51	38100	38100-Meters	13,966,567	884,360	-	-			14,850,926
52	38200	38200-Meter Installations	42,130,249	2,887,684	(722,204)	-			44,295,728
53	38300	38300-House Regulators	5,126,478	158,367	-	-			5,284,845
54	38400	38400-House Reg. Installations	154,276	-	-	-			154,276
55	38500	38500-Ind. Meas. & Reg. Sta. Equip	4,720,184	9,254	-	-			4,729,439
56	38600	38600-Other Prop. On Customer Prem.	-	-	-	-			-
57	38900	38900-Land & Land Rights	90,075	-	-	-			90,075
58	39000	39000-Structures & Improvements	496,474	177,351	-	-			673,825
59	39002	39002-Structures - Brick	181,144	-	-	-			181,144
60	39003	39003-Improvements	727,533	-	-	-			727,533
61	39004	39004-Air Conditioning Equipment	7,461	-	-	-			7,461
62	39009	39009-Improv. to Leased Premises	1,313,059	-	(780)	-			1,312,279
63	39100	39100-Office Furniture & Equipment	1,653,003	1,097,271	(1,552,090)	-			1,198,184
64	39103	39103-Office Furn. - Copiers & Type	94,206	-	(94,206)	-			-
65	39200	39200-Transportation Equipment	388,029	-	(200,815)	-			187,214
66	39201	39201-WKG Trucks	21,941	-	-	-			21,941
67	39202	39202-WKG Trailers	99,111	-	(67,302)	-			31,808
68	39400	39400-Tools, Shop, & Garage Equip.	1,568,628	69,519	(14,880)	-			1,623,266
69	39603	39603-Ditchers	194,161	-	-	-			194,161
70	39604	39604-Backhoes	148,407	-	-	-			148,407
71	39605	39605-Welders	38,343	-	-	-			38,343
72	39700	39700-Communication Equipment	172,177	-	(12,343)	-			159,834
73	39701	39701-Comm. Equip. - Mobile Radios	-	-	-	-			-

Line No.	Account No.	Account Title	Beginning Balance (Dec. 31 2008)	Additions	Retirements	Transfers/Reclassifications		Ending Balance (Dec. 31 2009)
						Transfers	Explanation of Other Accounts Transfers Involved	
74	39702	39702-Comm. Equip. - Fixed Radios	-	-	-	-	-	-
75	39705	39705-Comm. Equip. - Telemetering	66,316	-	-	-	-	66,316
76	39800	39800-Miscellaneous Equipment	3,098,816	51,226	(33,554)	-	-	3,116,489
77	39901	39901-Oth Tang Prop - Servers - H/W	175,990	-	-	-	-	175,990
78	39902	39902-Oth Tang Prop - Servers - S/W	113,473	-	-	-	-	113,473
79	39903	39903-Oth Tang Prop - Network - H/W	511,781	-	-	-	-	511,781
80	39906	39906-Oth Tang Prop - PC Hardware	3,682,501	-	(223,172)	-	-	3,459,329
81	39907	39907-Oth Tang Prop - PC Software	233,579	-	-	-	-	233,579
82	39908	39908-Oth Tang Prop - Appl Software	346,104	-	-	-	-	346,104
83	<b>009 - Kentucky Division Total</b>		<b>\$ 312,830,464</b>	<b>\$ 16,801,338</b>	<b>\$ (4,732,441)</b>	<b>\$ -</b>		<b>\$ 324,899,361</b>

ATMOS ENERGY CORP.; KENTUCKY/MID-STATES DIVISION  
CASE NO. 2009-00354

Gross Additions, Retirements, and Transfers  
As of March 31, 2011

Line No.	Account No.	Account Title	Beginning Balance (March. 31 2010)	Additions	Retirements	Transfers/Reclassifications		Ending Balance (March. 31 2011)
						Transfers	Explanation of Transfers Other Accounts Involved	
1	<b>009 - Kentucky Division</b>							
2	30100	30100-Organization	\$ 8,330	\$ -	\$ -	\$ -		\$ 8,330
3	30200	30200-Franchises & Consents	119,853	-	-	-		119,853
4	32520	32520-Producing Leaseholds	2,353	-	-	-		2,353
5	32540	32540-Rights-of-Way	83,422	-	-	-		83,422
6	33100	33100-Production Gas Wells Equipmen	3,492	-	-	-		3,492
7	33201	33201-Field Lines	47,163	-	-	-		47,163
8	33202	33202-Tributary Lines	528,218	-	-	-		528,218
9	33400	33400-Field Meas. & Reg. Sta. Equip	192,384	-	-	-		192,384
10	33600	33600-Purification Equipment	44,369	-	-	-		44,369
11	35010	35010-Land	261,127	-	-	-		261,127
12	35020	35020-Rights of Ways	4,682	-	-	-		4,682
13	35100	35100-Structures & Improvements	11,250	-	-	-		11,250
14	35102	35102-Compressor Station Equipment	153,261	-	-	-		153,261
15	35103	35103-Meas. & Reg. Structures	23,138	-	-	-		23,138
16	35104	35104-Other Structures	137,443	-	-	-		137,443
17	35200	35200-Wells	354,174	-	-	-		354,174
18	35201	35201-Well Construction	1,876,783	-	-	-		1,876,783
19	35202	35202-Well Equipment	477,339	-	-	-		477,339
20	35203	35203-Cushion Gas	1,694,833	-	-	-		1,694,833
21	35210	35210-Leaseholds	178,530	-	-	-		178,530
22	35211	35211-Storage Rights	54,614	-	-	-		54,614
23	35301	35301-Field Lines	178,501	-	-	-		178,501
24	35302	35302-Tributary Lines	209,458	-	-	-		209,458
25	35400	35400-Compressor Station Equipment	927,898	-	-	-		927,898
26	35500	35500-Meas. & Reg. Equipment	242,482	-	-	-		242,482
27	35600	35600-Purification Equipment	164,849	-	-	-		164,849
28	36510	36510-Land & Land Rights	26,970	-	-	-		26,970
29	36520	36520-Rights-Of-Way	867,772	-	-	-		867,772
30	36602	36602-Structures & Improvements	44,243	-	-	-		44,243
31	36603	36603-Other Structures	60,940	-	-	-		60,940
32	36700	36700-Mains - Cathodic Protection	403,219	-	-	-		403,219
33	36701	36701-Mains - Steel	29,866,447	6,538,491	(331,182)	-		36,073,757
34	36900	36900-Meas. & Reg. Sta. Equipment	595,357	-	-	-		595,357
35	36901	36901-Meas. & Reg. Sta. Equipment	2,155,755	-	(197,779)	-		1,957,976

Transfers/Reclassifications

Line No.	Account No.	Account Title	Beginning Balance (March. 31 2010)	Additions	Retirements	Transfers	Explanation of Transfers	Other Accounts Involved	Ending Balance (March. 31 2011)
36	37400	37400-Land & Land Rights	98,319	4	-	-			98,323
37	37401	37401-Land	37,326	-	-	-			37,326
38	37402	37402-Land Rights	244,548	-	-	-			244,548
39	37403	37403-Land Other	2,784	-	-	-			2,784
40	37500	37500-Structures & Improvements	321,845	-	-	-			321,845
41	37501	37501-Structures & Improvements T.B	98,303	-	(4,805)	-			93,498
42	37502	37502-Land Rights	46,591	-	-	-			46,591
43	37503	37503-Improvements	4,005	-	-	-			4,005
44	37600	37600-Mains - Cathodic Protection	10,429,149	327,504	(140,706)	-			10,615,947
45	37601	37601-Mains - Steel	68,613,553	2,691,524	(189,922)	-			71,115,156
46	37602	37602-Mains - Plastic	30,159,874	1,550,527	(449)	-			31,709,952
47	37800	37800-Meas. & Reg. Sta. Eq-General	3,370,148	(126,321)	(78,699)	-			3,165,128
48	37900	37900-Meas. & Reg. - City Gate	1,587,031	7,384	-	-			1,594,415
49	37905	37905-Meas. & Reg. Sta. Equip T.B.	1,365,816	-	(169,879)	-			1,195,937
50	38000	38000-Services	84,846,500	4,793,181	(697,673)	-			88,942,007
51	38100	38100-Meters	15,060,218	1,217,238	-	-			16,277,457
52	38200	38200-Meter Installations	44,798,575	3,974,626	(722,204)	-			48,050,997
53	38300	38300-House Regulators	5,322,324	217,977	-	-			5,540,302
54	38400	38400-House Reg. Installations	154,276	-	-	-			154,276
55	38500	38500-Ind. Meas. & Reg. Sta. Equip	4,731,629	12,738	-	-			4,744,367
56	38600	38600-Other Prop. On Customer Prem.	-	-	-	-			-
57	38900	38900-Land & Land Rights	90,075	-	-	-			90,075
58	39000	39000-Structures & Improvements	715,797	244,108	-	-			959,905
59	39002	39002-Structures - Brick	181,144	-	-	-			181,144
60	39003	39003-Improvements	727,533	-	-	-			727,533
61	39004	39004-Air Conditioning Equipment	7,461	-	-	-			7,461
62	39009	39009-Improv. to Leased Premises	1,312,084	-	(780)	-			1,311,304
63	39100	39100-Office Furniture & Equipment	1,069,841	1,510,291	(1,552,090)	-			1,028,041
64	39103	39103-Office Furn. - Copiers & Type	-	-	-	-			-
65	39200	39200-Transportation Equipment	137,010	-	(137,010)	-			(0)
66	39201	39201-WKG Trucks	21,941	-	-	-			21,941
67	39202	39202-WKG Trailers	14,983	-	(14,983)	-			-
68	39400	39400-Tools, Shop, & Garage Equip.	1,635,998	95,686	(14,880)	-			1,716,804
69	39603	39603-Ditchers	194,161	-	-	-			194,161
70	39604	39604-Backhoes	148,407	-	-	-			148,407
71	39605	39605-Welders	38,343	-	-	-			38,343
72	39700	39700-Communication Equipment	156,748	-	(12,343)	-			144,405
73	39701	39701-Comm. Equip. - Mobile Radios	-	-	-	-			-
74	39702	39702-Comm. Equip. - Fixed Radios	-	-	-	-			-
75	39705	39705-Comm. Equip. - Telemetry	66,316	-	-	-			66,316
76	39800	39800-Miscellaneous Equipment	3,120,224	70,508	(33,554)	-			3,157,178
77	39901	39901-Oth Tang Prop - Servers - H/W	175,990	-	-	-			175,990

Line No.	Account No.	Account Title	Beginning Balance (March. 31 2010)	Additions	Retirements	Transfers/Reclassifications		Ending Balance (March. 31 2011)
						Explanation of Transfers	Other Accounts Involved	
78	39902	39902-Oth Tang Prop - Servers - S/W	113,473	-	-	-	-	113,473
79	39903	39903-Oth Tang Prop - Network - H/W	511,781	-	-	-	-	511,781
80	39906	39906-Oth Tang Prop - PC Hardware	3,403,536	-	(223,172)	-	-	3,180,364
81	39907	39907-Oth Tang Prop - PC Software	233,579	-	-	-	-	233,579
82	39908	39908-Oth Tang Prop - Appl Software	346,104	-	-	-	-	346,104
83	<b>009 - Kentucky Division Total</b>		<b>\$ 327,715,996</b>	<b>\$ 23,125,467</b>	<b>\$ (4,522,111)</b>	<b>\$ -</b>		<b>\$ 346,319,353</b>





REQUEST:

Provide the following information for each item of property or plant held for future use at the beginning of the base period:

- a. Description of property;
- b. Location;
- c. Date purchased;
- d. Cost;
- e. Estimated date to be placed in service;
- f. Brief description of intended use; and
- g. Current status of each project.

RESPONSE:

Atmos Kentucky did not have property or plant held for future use at the beginning of the base period.

Respondent: Daniel Meziere.



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-22  
Page 1 of 1

REQUEST:

List all gas and gas-related properties leased to the utility and all improvements to leased properties, together with annual lease payments which are capitalized, in the format provided in Schedule 22.

RESPONSE:

Please see Attachment 1 for FY 2009 total rent/lease expensed and capitalized and Attachment 2 for a listing of leased properties.

ATTACHMENTS:

ATTACHMENT 1 - Atmos Energy Corporation, FY 2009 Total Rent/Lease Expensed and Capitalized, 1 Page.

ATTACHMENT 2 - Atmos Energy Corporation, Leased Properties Schedule, 4 Pages.

Respondent: Daniel Meziere.

**Atmos Energy Corp.**  
**Case No. 2009-00354**  
**Rent Charges**  
**Staff DR 1-22**  
**For Twelve months Ended Sep 2009**

<b>Company</b>	<b>Company Description</b>	<b>Sub Account</b>	<b>Sub Account Description</b>	<b>Twelve Months Ended Sep09</b>
010	Atmos Regulated Shared Services	04581	Building Lease/Rents	6,402,441.88
020	Atmos Energy-Louisiana	04580	Building Lease/Rents Capitalized	(486,061.34)
020	Atmos Energy-Louisiana	04581	Building Lease/Rents	1,095,371.59
030	Atmos Energy-West Texas	04580	Building Lease/Rents Capitalized	(1,319,322.01)
030	Atmos Energy-West Texas	04581	Building Lease/Rents	2,298,564.66
050	Atmos Energy-KY/Mid-States	04580	Building Lease/Rents Capitalized	(1,721,152.59)
050	Atmos Energy-KY/Mid-States	04581	Building Lease/Rents	3,748,807.46
060	Atmos Energy-Colorado-Kansas	04580	Building Lease/Rents Capitalized	(667,710.76)
060	Atmos Energy-Colorado-Kansas	04581	Building Lease/Rents	1,631,883.96
070	Atmos Energy-Mississippi	04580	Building Lease/Rents Capitalized	(26,897.58)
070	Atmos Energy-Mississippi	04581	Building Lease/Rents	103,617.68
080	Atmos Energy-Mid-Tex	04580	Building Lease/Rents Capitalized	(1,610,818.53)
080	Atmos Energy-Mid-Tex	04581	Building Lease/Rents	2,734,275.19
180	Atmos Pipeline - Texas	04580	Building Lease/Rents Capitalized	(1,587,454.48)
180	Atmos Pipeline - Texas	04581	Building Lease/Rents	2,501,455.55
<b>Total</b>				<b><u>13,097,000.68</u></b>

<b>Division</b>	<b>Division Description</b>	<b>Sub Account</b>	<b>Sub Account Description</b>	<b>Twelve Months Ended Sep09</b>
009	Kentucky Division	04580	Building Lease/Rents Capitalized	(359,734.83)
009	Kentucky Division	04581	Building Lease/Rents	1,000,372.81
<b>Total</b>				<b><u>640,637.98</u></b>

Atmos Energy Corporation  
ATMOS - LEASED BUILDINGS / PROPERTY  
Kentucky Division - Rate Case No 2006-00464  
September 30, 2009

File ID	Description	Lessor / Owner	Frequency of Payment	Address	City	St	Lease Date	Monthly Rate	Method of Capitalization
<u>Kentucky Division ( Div 009000 )</u>									
KY01	Building	Hard Ten Group	Monthly	2850 Russellville Road	Bowling Green	KY	10,01, 2004	19,475	Based on labor
KY03	Building	Citizens Bank	Monthly	410 east Main	Campbellsville	KY	05,01, 2005	750	Based on labor
KY24	Building	Pearlree Partners	Monthly	1833 E. 19th Street	Hopkinsville	KY	07,16, 2002	4,562	Based on labor
KY25	Building	SmithCo	Monthly	1052 Eagle Lake Drive	Lawrenceburg	KY	09,23, 1993	800	Based on labor
KY10	Building	Hard Ten Group	Monthly	900 Commonwealth Dr	Mayfield	KY	09,01, 2005	8,750	Based on labor
KY17	Building	Jim Tudor	Monthly	140 Cessna RD	Powderly	KY	03,01, 1993	4,049	Based on labor
KY16	Building	D & I Properties	Monthly	309 A Marion Road	Princeton	KY	04,01, 2002	3080	Based on labor
KY18	Building	Lawson & Baugh	Monthly	181 South Main	Russellville	KY	01,01, 2002	350	Based on labor
KY21	Building	Webb & Ass.	Monthly	130 Stonecrest Rd	Shelbyville	KY	01,01, 2002	2125	Based on labor
KY04	Building	Gilliland	Monthly	449 Whirlaway Dr	Danville	KY	12,01, 1993	8,593	Based on labor
KY05	Building	Gilliland	Monthly	200 Broadway	Glasgow	KY	08,01, 1990	1,147	Based on labor
KY06	Building	Gilliland	Monthly	Sampson St.	Glasgow	KY	08,01, 1990	122	Based on labor
KY09	Building	Gilliland	Monthly	638 Broadway	Madisonville	KY	08,01, 1990	1,989	Based on labor
KY14	Building	Gilliland	Monthly	1515 Broadway	Paducah	KY	08,01, 1990	11,393	Based on labor
KY15	Building	Gilliland	Monthly	3040 Parker	Paducah	KY	08,01, 1990	4,743	Based on labor
KY20	Building	Gilliland	Monthly	Old Finchville Rd.	Shelbyville	KY	08,01, 1990	153	Based on labor
KY36	Building	Gilliland	Monthly	3125 Highland Dr	Owensboro	KY	01,01,2009	35,016	Based on labor
<u>Mid States Division</u>									
<u>Mid States Division ( Div 088, 090, 091 )</u>									
IL03	Building	JTAR Rentals	Monthly	224 South 6th Street	Vandalia	IL	10,01, 2004	1,700	Based on labor
IL01	Building	Richard Lowder	Monthly	136 E Dean Street	Virden	IL	12,01, 2002	1,850	Based on labor
TN03	Building	Crescent Resources	Monthly	810 Corporate Dr	Franklin	TN	01,01, 1999	42,008	Based on labor
TN19	Building	Lin Don Realty LLC	Monthly	377 Riverside St 201	Franklin	TN	10,01, 1999	10,500	Based on labor
TN20	Building	C & F Investments	Monthly	Noah Drive	Franklin	TN	01,01, 2005	23,576	Based on labor
TN04	Building	James Hankins	Monthly	1221 Snapps Ferry Rd	Greenville	TN	03,15, 1998	2,176	Based on labor
<u>Mid States ( Other Divisions )</u>									
GA03	Building	UCG Leasing *	Monthly	2300 Victory Drive	Columbus	Ga	12,17, 1991	34,919	Based on labor
GA01	Building	First American National Bank of Nashville	Monthly	1046 W. Washington	Gainsville	Ga	09,01, 1994	6,000	Based on labor
GA18	Building	UCG Leasing *	Monthly	Parkman Ave	Columbus	Ga	09,01,1992	34,919	Based on labor
IA02	Building	S&P Development LLC	Monthly	2547 Hilton Road	Keokuk	IA	10,01,2007	15,701	Based on labor
MO01	Building	Missouri Farm and Loan	Monthly	100 S. Main Street	Butler	Mo	10,01, 2002	1,050	Based on labor
MO12	Building	Cotton Hill Investment Company, Inc	Monthly	216 West main	Malden	Mo	09,30, 2003	725	Based on labor
SC01	Building	UCG Energy *	Monthly	1305 North Logan	Gaffney	SC	01,01, 1984	2,200	Based on labor
TN01	Building	Morgan, Buchagnini	Monthly	810 New Nashville Hwy	Columbia	Tn	06,01, 2003	3,500	Based on labor

Atmos Energy Corporation  
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File ID	Description	Lessor / Owner	Frequency of Payment	Address	City	St	Lease Date	Monthly Rate	Method of Capitalization
TN14	Building	UCG Energy *	Monthly	2833 Market	Johnson City	Tn	07,01, 1991	25,000	Based on labor
TN16	Building	UCG Energy *	Monthly	135 W. Andrews	Morristown	Tn	01,01, 1984	6,000	Based on labor
TN05	Building	Ivens Construction	Monthly	504 W. Broadway	Maryville	Tn	05,01, 2002	2,333	Based on labor
TN17	Building	UCG Energy *	Monthly	334 West Lokey Drive	Murfreesboro	Tn	01,01, 1999	16,000	Based on labor
TN06	Building	Hunt, Russell, Bortoff	Monthly	200 Lane Parkway	Shelbyville	Tn	07,01, 2003	2,575	Based on labor
TN09	Building	Peoples Choice	Monthly	1500 First Street	Union City	Tn	03,14, 2004	1,595	Based on labor
VA03	Building	Steve Collins & Ben Mason	Monthly	1544 Lee Highway	Bristol	VA	09,01, 2004	5,250	Based on labor
VA04	Building	Ralph S. Price	Monthly	702 S. Main St	Marion	VA	09,30,2006	900	Based on labor
VA05	Building	Blair & Spillman	Monthly	1013 West 1st St	Radford	VA	06,01, 2005	2,513	Based on labor
MO02	Building	Coppage Realty Company Inc.	Monthly	900 Truman Boulevard	Caruthersville	MO	04,01,1998	1,200	Based on labor
MO07	Building	Oak Enterprises	Monthly	West Main Street	Jackson	MO	03/01/02	3,140	Based on labor
MO03	Building	Barbara Taylor (Wilkerson)	Monthly	142 Ranney	Sikeston	MO	10/31/05	1,500	Based on labor
<u>Utility Company ( Other Divisions )</u>									
SS02	Building	City of Amarillo	Monthly	801 Pierce	Amarillo	TX	10,14, 1997	36,613	Based on OH Capitalization
SS01	Building	Teachers Insurance & Annuity Association of America	Monthly	5430 L.B.J. Freeway LC III	Dallas	TX	12,01, 1995	349,673	Based on OH Capitalization
SS03	Building	Ridge Waco LP	Monthly	1400 West Loop 340	Waco	TX	9/11/1999	52302	Based on OH Capitalization
TX07	Building	Gilliland	Monthly	2002 E. FM 700	Big Spring	TX	04,01, 1997	7,798	Based on labor
TX09	Building	Gilliland	Monthly	217 N. Hill	Brownfield	TX	11,01,1990	2,100	Based on labor
TX11	Building	Gilliland	Monthly	810 2nd Ave.	Canyon	TX	09,29, 1990	388	Based on labor
TX13	Building	Gilliland	Monthly	318 Rock Island	Dalhart	TX	09,29, 1990	466	Based on labor
TX19	Building	Gilliland	Monthly	500 West 7th	Littlefield	TX	09,29, 1990	2,235	Based on labor
TX20	Building	Gilliland	Monthly	5110 80th Street	Lubbock	TX	08,01, 1990	30,051	Based on labor
TX21	Building	Gilliland	Monthly	4003 MLK Blvd	Lubbock	TX	09,29, 1990	15,666	Based on labor
TX28	Building	Gilliland	Monthly	1417 S. Barnes	Pampa	TX	09,29, 1990	3,960	Based on labor
TX45	Building	Gilliland	Monthly	113 West 8th	Plainview	TX	09,29, 1990	1,398	Based on labor
TX32	Building	Gilliland	Monthly	205 North Columbia	Plainview	TX	09,29, 1990	3,878	Based on labor
TX04	Building	Gilliland	Monthly	10th and Harrison	Amarillo	TX	08,01, 1990	14,445	Based on labor
TX42	Building	I-27 RA LTD	Monthly	4730 Canyon Drive	Amarillo	TX	10,01, 2005	39,764	Based on labor
TX12	Building	City of Crosbyton	Monthly	121 S. Arshire	Crosbyton	TX	10,01, 2000	200	Based on labor
TX40	Building	Ty Potts	Monthly	701 Euclid	Friena	TX	10,01, 1987	150	Based on labor
TX60	Building	City of Friena	Monthly	632 Main St	Friena	TX	11,01,2008	125	Based on labor
TX18	Building	Mantooth-MacKenzie	Monthly	Houston & Ave. L (1302 Houston)	Levelland	TX	08,20, 1990	2,950	Based on labor
TX26	Building	Dale Burden	Monthly	604 North 1st	Muleshoe	TX	04,01, 1994	200	Based on labor
TX25.6	Building	Gilliland	Monthly	2304 Loop Road 40	Midland	TX	03,01,2008	37,375	Based on labor
TX33	Building	Jay Pollard	Monthly	227 E. Main	Post	TX	05,01, 2002	200	Based on labor
TX34	Building	Walter Mantooth	Monthly	305 S. E. Ave. B	Seminole	TX	02,01, 1994	3,155	Based on labor
TX35	Building	Danny Lesley	Monthly	501 Clovis Rd	Shallowater	TX	06,15, 2002	150	Based on labor
TX53	Building	Sandy Self	Monthly	955 RW Garza	Slayton	TX	03,01,2007	250	Based on labor
TX37	Building	Mantooth-MacKenzie	Monthly	205 West Main	Springlake	TX	02,01, 1995	3,830	Based on labor
TX38	Building	City of Tahoka	Monthly	1612 Lockwood St	Tahoka	TX	06,12, 2002	100	Based on labor
TX51	Building	City of Tulia	Monthly	127 SW Second St	Tulia	TX	05,09, 2005	150	Based on labor

Atmos Energy Corporation  
 ATMOS - LEASED BUILDINGS / PROPERTY  
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File ID	Description	Lessor / Owner	Frequency of Payment	Address	City	St	Lease Date	Monthly Rate	Method of Capitalization
CO02	Building	Gilliland	Monthly	120 South 6th	Cannon City	CO	10,01, 1994	2,806	Based on labor
CO03	Building	Gilliland	Monthly	1901 East Main	Cannon City	CO	10,01, 1994	2,810	Based on labor
CO05	Building	Gilliland	Monthly	6945 County Rd. 242	Cortez	CO	10,01, 1994	2,686	Based on labor
CO07	Building	Gilliland	Monthly	65 Ranney St.	Craig	CO	10,01, 1994	1,679	Based on labor
CO13	Building	Gilliland	Monthly	1200 11th Ave.	Greeley	CO	10,01, 1994	10,094	Based on labor
CO14.1	Building	Gilliland	Monthly	810 22nd Ave.	Greeley	CO	10,01, 1994	8,508	Based on labor
CO30	Building	Dick L. or Virginia J. Pimie	Monthly	4813 West 54th	Greeley	CO	09,01,2007	1,300	Based on labor
CO23.B	Building	Gilliland	Monthly	2102 9th St, Bldg B	Greeley	CO	10,01, 1994	257	Based on labor
CO15	Building	Gilliland	Monthly	121 S. Taylor St.	Gunnison	CO	10,01, 1994	1,295	Based on labor
CO16	Building	Gilliland	Monthly	417 Bidwell St.	Gunnison	CO	10,01, 1994	444	Based on labor
CO17	Building	Gilliland	Monthly	209 East Sage	Lamar	CO	10,01, 1994	3,131	Based on labor
CO19	Building	Gilliland	Monthly	1448 F Street	Salida	CO	10,01, 1994	3,109	Based on labor
CO24	Building	Randy Crane	Monthly	651 Greg Drive	Buena Vista	CO	09,01, 2004	1,600	Based on labor
CO31	Building	Urban-1547 Blake St, LLC	Monthly	1555 Blake St	Denver	CO	11,01,2008	23,766	Based on labor
CO25	Building	Herb Hughley	Monthly	702 Main Street	Meecker	CO	10,01, 2004	700	Based on labor
KS03	Building	Gilliland	Monthly	132 North Nettleton	Bonner Springs	KS	10,01, 1994	3,995	Based on labor
KS04	Building	Gilliland	Monthly	134 North Armour	Bonner Springs	KS	10,01, 1994	743	Based on labor
KS05	Building	Gilliland	Monthly	2615 S. 142nd St.	Bonner Springs	KS	10,01, 1994	425	Based on labor
KS06	Building	Gilliland	Monthly	300 West Main	Council Grove	KS	10,01, 1994	980	Based on labor
KS07	Building	Gilliland	Monthly	703 North Main	Eureka	KS	10,01, 1994	424	Based on labor
KS08	Building	Gilliland	Monthly	911 North State	Eureka	KS	10,01, 1994	1,138	Based on labor
KS09	Building	Gilliland	Monthly	20 West Main St.	Herington	KS	10,01, 1994	2,295	Based on labor
KS10	Building	Gilliland	Monthly	700 West Main	Herington	KS	10,01, 1994	1,754	Based on labor
KS11	Building	Gilliland	Monthly	201 South Main	Johnson	KS	10,01, 1994	2,330	Based on labor
KS12	Building	Gilliland	Monthly	110 S. Pennsylvania	Ness City	KS	10,01, 1994	1,599	Based on labor
KS23	Building	Cooperative Grain & Supply	Monthly	404 S. Third	Marion	KS	10,01, 2006	400	Based on labor
KS22	Building	Cedar Creek Development	Monthly	25090 W 110th Terrace	Olathe	KS	10,01, 2005	39,377	Based on labor
KS24	Building	Linn County Library District #5	Monthly	904 Main	Pleasanton	KS	08,01, 1998	700	Based on labor
KS01	Building	William R. Miller	Monthly	903 Main St	Pleasanton	KS	08,01, 1998	200	Based on labor
LA16	Building	Gilliland	Monthly	300 Alliance Drive	Natchitoches	LA	03,01, 1998	15,501	Based on labor
LA17	Building	Gilliland	Monthly	1000 Central Ave.	Olla	LA	08,01, 1990	612	Based on labor
LA02	Building	Bank One NA	Monthly	450 Laurel St	Baton Rouge	LA	07,01, 2002	11083	Based on labor
LA15	Building	Walter Mantooth	Monthly	301 Jefferson	Mansfield	LA	10,08, 1993	3,250	Based on labor
LA19	Building	J. B. Key	Monthly	804 East Lafayette	Winnfield	LA	03,09, 1995	3,888	Based on labor
LA07	Building	Kuebel Fuchs Properties	Monthly	3616 I 10 Service Road	Metairie	LA	12/01/02	30,356	Based on labor
LA03	Building	Gretna Realty LLC	Monthly	2550 Belle Chase Highway	Gretna	LA	11,01,2003	3,229	Based on labor
MS21	Building	Jerome Hafter	Monthly	332 Main Street	Greenville	MS	June 1, 2002	1,775	Based on labor
MS 51	Building	Jerome Hafter	Monthly	332 Main Street	Greenville	MS	June 1, 2002	90	Based on labor
MS43	Building	Gresham Service Stations, Inc.	Monthly	100 B Front Ave	Indianola	MS	11/1/2004	1,050	Based on labor
MS09	Building	Deposit Guaranty Bank and Trust	Monthly	54 E Franklin	Natchez	MS	11/1/1998	500	Based on labor
MS42	Building	Trustmark National Bank	Monthly	941 Calhoun St	Yazoo	MS	6/1/1984	991	Based on labor
MS45	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Flora	MS	02/01/87	383	N/A
MS47	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Meadville	MS	02/03/87	583	N/A



Atmos Energy Corporation  
ATMOS - LEASED BUILDINGS / PROPERTY  
Kentucky Division - RateCase No 2006-00464  
September 30, 2009

File ID	Description	Lessor / Owner	Frequency of Payment	Address	City	St	Lease Date	Monthly Rate	Method of Capitalization
MS48	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Roxie	MS	10/02/95	333	N/A
MS49	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Bude	MS	02/03/87	750	N/A
MS50	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Delta	MS	10,01,2007	2,083	N/A
MS51	Pipe Line	Municipalities	Monthly	Pipe Line Leasing	Bolivar	MS	10,01,2007	1,333	N/A
SS04	Building	823 Congress LTD	Monthly	830 Congress St	Austin	TX	12/7/2004	2,092	Fixed Operation Split
TXU96	Building	Bandera Ventures	Monthly	Hyw 730	Boyd	TX	12/1/2005	14,171	Fixed Operation Split
TXU23	Building	Bandera Ventures	Monthly	4304 Danhil	Brownwood	TX	10/1/2005	14,226	Fixed Operation Split
TXU02	Building	BDM Properties II	Monthly	805 Buchanan	Burnet	TX	12/16/2002	375	Fixed Operation Split
TXU103	Building	BDM Properties II	Monthly	803 Buchanan	Burnet	TX	08,01,2009	525	Fixed Operation Split
TXU17	Building	Bandera Ventures	Monthly	2340 S. Business 45	Corsicana	TX	10/1/2005	12,285	Fixed Operation Split
TXU03	Building	Houston Lighting & Power	Monthly	Hwy 287	Cayuga	TX	1/19/1992	2850	Fixed Operation Split
TXU15	Building	Met Life	Monthly	5420 LBJ LCII	Dallas	TX	5/1/2005	183805	Fixed Operation Split
TXU109	Building	Bethel Baptist Church	Monthly	14008 Distribution Way	Farmers Branch	TX	04,01,2008	5000	Fixed Operation Split
TXU04	Building	Albert E. Meier	Monthly	107 S. Lee Street	Fredericksburg	TX	3/5/1997	1200	Fixed Operation Split
TXU22	Building	Bandera Ventures	Monthly	2601 West Hwy 82	Gainesville	TX	10/1/2005	7946	Fixed Operation Split
TXU111	Building	CS Grant	Monthly	405 Hwy 36 North	Gatesville	TX	01,20,2009	1250	Fixed Operation Split
TXU21	Building	Bandera Ventures	Monthly	1403 Abbot Ave	Hillsboro	TX	10/1/2005	7698	Fixed Operation Split
TXU10	Building	William Pitkin Trust	Monthly	2025 Easy Street	Kerville	TX	4/14/1997	400	Fixed Operation Split
TXU11	Building	Joe Reeh	Monthly	317 Earl Garnet Street	Kerville	TX	10/19/2004	882	Fixed Operation Split
TXU12	Building	Sabine Warehouse Mgmt	Monthly	2009 E. Cotton Street	Longview	TX	3/22/1994	2700	Fixed Operation Split
TXU24	Building	Bandera Ventures	Monthly	220 Willow Creek	Palestine	TX	10/1/2005	8898	Fixed Operation Split
TXU18	Building	Bandera Ventures	Monthly	305 NW Loop	Paris	TX	10/1/2005	12111	Fixed Operation Split
TXU78	Building	Bank of America NA Trustee	Monthly	1212 Avenue L	Plano	TX	12/1/2003	4700	Fixed Operation Split
TXU14	Building	PCCP Dallas Acquisitions I LLP	Monthly	2552 Summitt Ste 406	Plano	TX	8/1/2005	8707	Fixed Operation Split
TXU20	Building	Bandera Ventures	Monthly	905 E. South Loop	Stephenville	TX	10/1/2005	8832	Fixed Operation Split
TXU19	Building	Bandera Ventures	Monthly	2138 McCelvy	Temple	TX	10/1/2005	15063	Fixed Operation Split
TXU115	Building	Victron Energy Inc.	Monthly	901 Ferris Ave	Waxahachie	TX	10,01,2009	4,500	Fixed Operation Split



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-23  
Page 1 of 1

REQUEST:

Provide a listing of all non-utility property and accounts where amounts are recorded. Include a description of the property, the date purchased, and the cost.

RESPONSE:

Account 1210 - Non-utility property had a balance of 166.11 at the beginning of the base period. This amount was booked in error to account 1210 and was corrected in August 2009. The amount was expensed.

Respondent: Daniel Meziere.



REQUEST:

Provide the journal entries relating to the purchase of gas utility plant acquired as an operating unit or system by purchase, merger, consolidation, liquidation, or otherwise since Atmos-Kentucky's, or its predecessor's, inception. Also, provide a schedule showing the calculation of the acquisition adjustment at the date of purchase or each item of utility plant, the amortization period, and the unamortized balance at the beginning of the base period.

RESPONSE:

The acquisition balance in Account 1140 is \$3,336,783.64 for Kentucky, rate division 009. This amount has been fully amortized in Account 1150, accumulated provision for amortization for Kentucky, rate division 009. None of the amortization was booked during the test period.

Respondent: Daniel Meziere



REQUEST:

Provide a copy of Atmos-Kentucky's most recent depreciation study. If no such study exists, provide a copy of Atmos-Kentucky's most recent depreciation schedule. The schedule should include a list of all facilities by account number, service life and accrual rate for each plant item, the methodology that supports the schedule and the date the schedule was last updated.

RESPONSE:

Please see Attachment 1 for a copy of Atmos-Kentucky's most recent depreciation study. Also, please see Attachment 2 for a copy of Atmos-Kentucky's existing depreciation rates and average service lives as approved in Case No. 2006-00464.

ATTACHMENTS:

ATTACHMENT 1 - Staff DR 1-25 - 2005 Kentucky Depreciation Study, 30 Pages.

ATTACHMENT 2 - Staff DR 1-25 - Current Depreciation Rates & ASLs Approved in Case No. 2006-00464, 2 Pages.

Respondent: Greg Waller



## Atmos Energy Corporation

### Book Depreciation Study of Atmos Energy Corporation Kentucky Properties As of September 30, 2005



**Atmos Energy Corporation**

**Book Depreciation Study of  
Atmos Energy Corporation  
Kentucky Properties  
As of September 30, 2005**

November 2006

Atmos Energy Corporation  
Three Lincoln Center  
5430 LBJ Freeway  
Dallas, TX 75240

Attention: Mr. Thomas Petersen

In accordance with your request and with the cooperation and participation of your staff, a book depreciation study of Atmos Energy Corporation's Kentucky properties ("Atmos" or "the Company") has been conducted. The study covered all depreciable and amortizable property and recognized addition and retirement experience through September 30, 2005. The purpose of the study was to determine if the existing depreciation rates remain appropriate for the property and, if not, to recommend changes. Changes were found to be needed and are recommended. The changes in aggregate cause an increase in depreciation rates used to calculate the annual depreciation expense.

A comparison of the effect of the existing rates and the recommended rates is shown below, based on depreciable plant balances as of September 30, 2005:

<u>Function</u>	<u>Composite Depreciation Rate</u>	
	<u>Existing</u>	<u>Recommended</u>
	%	%
Production	0.00	3.37
Storage	1.58	1.81
Transmission	1.37	1.80
Distribution	3.92	3.95
General	8.90	8.52
Total	3.93	3.97

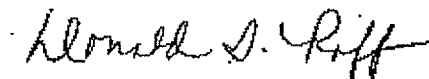
The summary above is taken from Schedule 1, which shows the annual depreciation amounts calculated from the existing rates and the recommended account rates and the differences. Based upon the September 30, 2005 depreciable balances, the recommended depreciation rates will result in an annual increase in depreciation provisions of \$123,599 or 1.1%. The study results are being driven by an increase in depreciation rates for every functional asset category, except General Plant.

Schedule 2 shows the mortality characteristics used to calculate the recommended depreciation rates. The recommended depreciation rates are straight-line over life measured by time using the equal life group (ELG) procedure and the remaining life technique, consistent with the existing, approved rates.

The following sections of this report describe the methods of analysis used and the bases for the conclusions reached. The remainder of the report will present the results and recommendations for both immediate and future actions by the Company.

We appreciate this opportunity to serve Atmos Energy Corporation and would be pleased to meet with you to discuss further the matters presented in this report, if you desire.

Yours truly,



President

Depreciation Specialty Resources

## PURPOSE OF DEPRECIATION

Book depreciation accounting is the process of recognizing in financial statements the consumption of physical assets in the process of providing a service or a product. Generally accepted accounting principles require the recording of depreciation to be systematic and rational. To be systematic and rational, depreciation should, to the extent possible, match either the consumption of the facilities or the revenues generated by the facilities. Accounting theory requires the matching of expenses with either consumption or revenues to ensure that financial statements reflect the results of operations and changes in financial position as accurately as possible. The matching principle is often referred to as the "cause and effect" principle; thus, both the cause and the effect are required to be recognized for financial accounting purposes. This study was conducted in a manner consistent with the matching principle of accounting.

Because utility revenues are determined through regulation, and this study assumes that such regulation will continue, asset consumption is not automatically in revenues. Therefore, the consumption of utility assets must be measured directly by conducting a book depreciation study to accurately determine the mortality characteristics of the assets.

Matching is also an essential element of basic regulatory philosophy, and it has become known as "intergenerational customer equity". Intergenerational customer equity means the costs are borne by the generation of customers that caused them to be incurred, not by some earlier or later generation. This matching is required to ensure that the charges to customers reflect the actual costs of providing service.

## DEPRECIATION DEFINITIONS

The Uniform System of Accounts ("USOA") prescribed for gas utilities by the Federal Energy Regulatory Commission ("FERC") followed by Atmos states that:

"Depreciation", as applied to depreciable gas plant, means the loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of electric plant in the course of service from causes which are known to be in current operation and against which the utility is not protected by insurance. Among the causes to be given consideration are wear and tear, decay, action of the elements, inadequacy, obsolescence, changes in the art, changes in demand and requirements of public authorities, and in the case of natural gas companies, the exhaustion of natural resources.

"Service value" means the difference between original cost and net salvage value of gas plant.

"Net salvage value" means the salvage value of property retired less the cost of removal.

"Salvage value" means the amount received for the property retired, less any expenses incurred in connection with the sale or in preparing the property for sale or, if retained, the amount at which the material is chargeable to materials and supplies, or other appropriate account.

"Cost of removal" means the cost of demolishing, dismantling, tearing down or otherwise removing gas plant, including the cost of transportation and handling incidental thereto.

As is clear from the wording of the salvage value and the cost of removal definitions, it is the salvage that will actually be received and the cost of removal that will actually be incurred, both measured at the price level at the time of receipt or incurrence that is required to be recognized in the depreciation rates of Atmos.

These definitions are consistent with the purpose of depreciation, and the study reported here was conducted in a manner consistent with both.

#### ACCOMPLISHMENT OF ACCOUNTING AND REGULATORY PRINCIPLES

Utility depreciation accounting is a group concept. Inherent in this concept is the assumption that all property is fully depreciated at the time of retirement, regardless of age, and there is no attempt to record the depreciation applicable to individual components of the groups. The depreciation rates are based on the recognition that each depreciable property group has an average service life. However, very little of the property group is "average". The group carries with it recognition that most property will be retired at an age less than or greater than the average service life. This study recognized the existence of this variation through the identification of Iowa-type retirement dispersions.

The study required to determine the applicable mortality characteristics is independent from the calculation of depreciation rates. The resulting mortality characteristics can be used to calculate either Average Life Group ("ALG") or Equal Life Group ("ELG") rates, both with either the whole life technique or the remaining life technique. Any set of mortality characteristics that is suitable for calculating ALG rates is just as suitable for calculating ELG rates. Conversely, any set that is not suitable for ELG is not suitable for ALG. ALG and ELG are straight-line over life measured by time, with ALG utilizing average life and ELG utilizing actual life. For ALG, all property in the group is assumed to have a life equal to the average life. ELG recognizes that, in reality, only a small

portion of the group retires at an age equal to the average service life. For the average to exist, about half the investment in an asset group will be retired at ages less than average life, a small amount at average life, and the rest at ages greater than average life. It is the use of this dispersion in the rate calculation that causes ELG rates to better match cost recovery with the use and benefit of the property. Thus, the ELG procedure best accomplishes the purpose of book depreciation accounting by ensuring the recording of depreciation provision match the actual consumption of physical assets. Since ELG matches the recording of consumption with actual consumption, customers will pay the actual cost incurred to serve them. The ELG procedure is recommended, consistent with the existing, approved rates. A detailed discussion of the ELG procedure is included in the Appendix A to this report.

#### THE BOOK DEPRECIATION STUDY

Implementation of a policy toward book depreciation that recognizes the purpose of depreciation accounting requires the determination of the mortality characteristics that are applicable to the surviving property. One purpose of the depreciation study reported here was to accurately measure those mortality characteristics and to use those characteristics to determine appropriate rates for the accrual of depreciation expenses.

The major effort of the study was the determination of the appropriate mortality characteristics. The remainder of this report describes how those characteristics were determined, describes how the mortality characteristics were used to calculate the recommended depreciation rates, and presents the results of the rate calculations.

The typical study consists of the following steps:

Step One is a Life Analysis consisting of the determination of historical experience and an evaluation of the applicability of that experience to surviving property.

Step Two is a Salvage and Cost of Removal Analysis consisting of a study of salvage and cost of removal experience and an evaluation of the applicability of that experience to surviving property.

Step Three consists of the determination of average service lives, retirement dispersion patterns identified by Iowa-type curves and the net salvage factors applicable to the surviving property.

Step Four is the determination of the depreciation rate applicable to each depreciable property group recognizing the results of the work in Steps One through Three, and a comparison with the existing depreciation rates.

#### LIFE ANALYSIS

The Life Analysis for the property concerns the determination of average service lives ("ASL") and Iowa-type dispersion patterns. An evaluation of investment experience suitably tempered by informed judgment as to the future applicability to surviving property formed the basis for the determination of average service lives and retirement dispersions.

An analysis of historical retirement activity, suitably tempered by informed judgment as to the future applicability of such activity to surviving plant, formed the basis for the determination of average service lives and retirement dispersion patterns for all property groups. For most accounts, retirement experience from transaction years 1973 through 2005 was analyzed using the Actuarial Method of Life Analysis. This method could be used because aged data are available for certain asset categories.



The actuarial method determines actual survivor curves (observed life tables) for selected periods of actual retirement experience. In order to recognize trends in life characteristics and to ensure that the valuable information in the curves is available to the analyst, observed life tables were calculated and plotted by computer, using several different periods of retirement experience. The average service lives and retirement dispersion patterns indicated by the actual survivor curves were identified by visually fitting Iowa-type dispersion curves to the actual curves. Retirement dispersion refers to the pattern of retirements as a function of age over the life of each property group. For each asset category, an Iowa-type curve combined with an estimated average service life was selected. This selection was based upon an analysis of historical investment activity, associated mortality trends and the types of assets surviving and retiring. The workpapers prepared as an integral part of the depreciation study contain the rationale for each selection.

Trends in historical mortality experience are helpful in understanding history. In order to determine trends, the periods (year bands) of retirement experience analyzed were the past five years, the past ten years, the past fifteen years, the past twenty years and the full band of band of retirement experience. The observed life tables and the Iowa curves fitted to each of these year bands were plotted. This visual approach ensures that the data contained in the observed life tables are available to the analyst and that the analyst does not allow the computer calculations to be the sole determinant of study results.

Where the age of retirement was not known, the Simulated Plant Record ("SPR") Method of life analysis was utilized. The SPR method determines retirement dispersion and average service life combinations for various bands of years which best match the actual retirements and balances for each asset category. The simulated balances procedure consists of applying survivor ratios (portion surviving at each age) from Iowa-type dispersion patterns in order to calculate annual balances, and then comparing the calculated balances with the actual balances for several periods, followed by statistical comparisons of differences in balances. The simulated retirements procedure is similar, except that the retirement frequency rates of the Iowa patterns are utilized to calculate annual retirements, and the comparisons are to actual retirements rather than to balances. Tabulations of the best ranking curves were made and this became the starting point for the evaluation phase of my review. In most cases, retirement history for a forty-year period was available.

For accounts having little experience or having retirement experience that is not an adequate measure of the expected mortality characteristics of surviving property, evaluation of the significance of history played a major role in selecting the mortality characteristics shown on Schedule 2.

#### SALVAGE AND COST OF REMOVAL ANALYSIS

Salvage and cost of removal experience was analyzed using experience from the period 1996–2005. Rolling and shrinking bands were analyzed to help expose trends. An evaluation of salvage and cost of removal experience suitably tempered by informed

judgment as to the future applicability to surviving property formed the basis for the determination of salvage and cost of removal factors.

The analysis consisted of calculating salvage and cost of removal factors by relating the recorded salvage and cost of removal for each property group to the retirements that caused the salvage and cost of removal to occur.

#### EVALUATION OF ACTUAL EXPERIENCE

The typical evaluation consists of Life Analysis and Salvage and Cost of Removal Analysis, which involve the measurement of what has occurred in the past. History is sometimes a misleading indicator of the future. There are many kinds of events that can cause history to be misleading, among them significant changes contemplated in the underlying accounting procedures and/or changes in other management practices, such as maintenance procedures. It is the evaluation phase of a depreciation study that identifies if history is a good indicator of the future. Blind acceptance of history often results in selecting mortality characteristics to use for calculating depreciation rates that will provide recovery over a time period longer than productive life.

For each property group, the typical analysis processes involve only historical investment experience. Since depreciation rates will be applied to surviving property, the historical mortality experience indicated by a Life Analysis and the Salvage and Cost of Removal Analysis is evaluated to ensure that the mortality characteristics used to calculate the

depreciation rates are applicable to the surviving property. The evaluation is required to ensure the validity of the depreciation rates.

The normal evaluation process requires knowledge of the type of property surviving; the type of property retired; the reasons for changing life, dispersion, salvage and cost of removal; and the effect of present and future Atmos plans on the property mortality characteristics.

#### CALCULATION OF DEPRECIATION RATES

A straight-line remaining life rate for each depreciable property group was calculated using the following formula:

$$\text{Rate} = \frac{\text{Plant Balance} - \text{Future Net Salvage} - \text{Book Reserve}}{\text{Average Remaining Life}}$$

Formula numerator elements in percent of depreciable plant balance and the denominator in years produce a rate in percent. This formula illustrates that a remaining life rate recognizes the book reserve position. The depreciable balances and book reserves were taken from accounting records, and the net salvage factors were determined by the study.

The remaining lives for each property group are a function of the age distribution of surviving plant and the selected average service life and retirement dispersion.

## RESULTS

A comparison of the existing depreciation rates to the proposed study depreciation rates can be found on Schedule 1 in this report. A listing, by account, of the existing and the proposed mortality characteristics can be found on Schedule 2 in this report.

### Production Plant

The accounts in this functional category have not been depreciated in the past. The recommended depreciation rate is 3.37%. The increase in annual depreciation expense is \$4,383.

### Storage Plant

The depreciation rate for this functional category decreases from 1.58% to 1.81%. The lives are slightly longer and less negative net salvage is recognized. The increase in annual depreciation expense is \$11,830.

### Transmission Plant

The depreciation rate for this functional category increased from 1.37% to 1.80%. Longer lives were offset by negative net salvage. The major investment in this functional category is Account 367, Mains. An average service life of 55 years was selected with an R1 Iowa curve. Net salvage is estimated to be negative 25%. The increase in annual depreciation expense is \$112,284.

### Distribution Plant

For this asset grouping, an increase in the depreciation rate is indicated from 3.92% to 3.95%. Longer lives were offset by negative net salvage. Two accounts comprise the

majority of the change in annual depreciation expense, Account 376, Mains and Account 380, Services. An average service life of 55 years with an R0.5 dispersion, was selected for Account 376. The net salvage allowance is negative 25%. For Account 380, the average service life is 40 years with an R1.5 curve. Net salvage is negative 75%. The increase in annual depreciation is \$55,311.

#### **General Plant**

There is a decrease in depreciation rate indicated for this asset category from 8.90% to 8.52%. Average service life changes are in both directions. The single largest change in annual depreciation expense is for Account 399.06, OTP – PC Hardware. The recommended average service life is 10 years with an L1 curve. Net salvage is estimated to be positive 2%. The annual depreciation expense decrease is \$60,208, and is primarily due to reserve position.

#### **RESERVE COMPARISON**

Because remaining life rates are recommended (consistent with the existing rates), a comparison of the accumulated provision for depreciation with the calculated theoretical reserve at September 30, 2005, is not meaningful, and no comparison is presented. This is because the only way a reserve difference can exist is through the use of whole life rates.

## RECOMMENDATIONS

Our recommendations for your future action in regard to book depreciation are as follows:

1. The depreciation rates shown in Column 6 of Schedule 1 are applicable to existing property and are recommended for implementation at such time as their effect can be incorporated into service rates.
2. Because of variation of life and net salvage experience with time, a depreciation study should be made during 2010 based upon retirement experience through September 30, 2009. Exact timing of the study should be coordinated with a retail rate case to ensure timely implementation of revised depreciation rates.
3. We recommend that Atmos consider the utilization of a vintage amortization accounting process. This approach has been implemented by numerous utilities all over the country. This approach solves the universal problem of unreported retirements, is intended to simplify the property accounting effort, and provides a better matching of the accounting effort with the magnitude of the asset base.
4. For new asset categories that arise in the future for which no depreciation rate is currently approved, or for asset categories that are presently fully depreciated and may have new assets added in the future, we recommend that the functional composite depreciation rates be used until future depreciation studies are conducted. The functional composite depreciation rates are as follows:

Production Plant	3.37%
Storage Plant	1.81%
Transmission Plant	1.80%
Distribution Plant	3.95%
General Plant	8.52%

**ATMOS ENERGY CORPORATION - KENTUCKY**  
 Book Depreciation Study as of September 30, 2005  
 Comparison of Depreciation Rates and Annual Amounts

**SCHEDULE 1**

(1) Account	(2) Description	(3) 9/30/2005 Balance \$	(4) Existing Rate %	(5) Annual Amount \$	(6) Study Rate %	(7) Annual Amount \$	(8) Increase or (Decrease) \$
<b>PRODUCTION PLANT</b>							
325.20	Producing Leaseholds	2,353	0.00	0	5.89	139	139
325.40	Rights-of-Way	83,422	0.00	0	2.28	1,910	1,910
338.00	Purification Equipment	44,389	0.00	0	5.26	2,334	2,334
	<b>Total Production Plant</b>	<b>130,144</b>	<b>0.00</b>	<b>0</b>	<b>3.37</b>	<b>4,383</b>	<b>4,383</b>
<b>STORAGE PLANT</b>							
351.00	Structures and Improvements	309,065	1.93	5,965	0.60	1,854	(4,111)
352.00	Well Construction and Equipment	2,178,341	2.71	59,979	2.11	45,821	(13,058)
352.03	Cushion Gas	1,694,833	0.00	0	2.38	40,387	40,337
352.11	Storage Rights	54,614	1.83	999	0.44	240	(759)
354.00	Compressor Station Equipment	546,780	1.51	8,256	0.60	3,281	(4,976)
355.00	M&R Station Equipment	286,851	2.06	5,950	0.12	347	(5,604)
	<b>Total Storage Plant</b>	<b>5,070,484</b>	<b>1.58</b>	<b>80,150</b>	<b>1.81</b>	<b>91,980</b>	<b>11,830</b>
<b>TRANSMISSION PLANT</b>							
365.20	Rights-of-Way	812,196	0.89	7,229	1.55	13,401	6,173
366.00	Structures and Improvements	283,237	1.99	5,637	2.05	5,006	1,669
367.00	Mains	22,044,898	1.27	279,968	1.85	407,827	127,859
369.00	M&R Station Equipment	2,952,222	2.28	67,311	1.48	43,593	(23,618)
	<b>Total Transmission Plant</b>	<b>28,092,353</b>	<b>1.37</b>	<b>358,444</b>	<b>1.80</b>	<b>470,727</b>	<b>112,284</b>
<b>DISTRIBUTION PLANT</b>							
374.02	Land Rights	146,459	1.68	2,444	1.85	2,708	262
375.00	Structures and Improvements	488,328	1.95	9,132	3.18	14,893	5,760
376.00	Mains	95,924,845	2.39	2,292,004	2.43	2,330,974	38,370
378.00	M&R Station Equipment	2,817,970	2.49	69,187	1.92	50,265	(14,922)
379.00	City Gate Equipment	2,804,310	2.67	72,071	2.43	69,145	(3,926)
380.00	Services	69,190,312	6.85	4,748,455	5.23	3,618,853	(1,127,602)
381.00	Meters	13,775,723	3.95	461,487	8.06	1,110,323	648,837
382.00	Meter Installations	93,358,910	3.06	1,020,783	4.60	1,534,510	513,727
383.00	House Regulators	4,818,804	2.85	137,279	2.90	139,867	2,408
384.00	House Regulator Installations	154,276	3.37	5,189	2.02	3,116	(2,083)
385.00	Industrial M&R Equipment	4,433,322	2.73	121,030	2.81	115,710	(5,320)
	<b>Total Distribution Plant</b>	<b>227,690,269</b>	<b>3.92</b>	<b>6,933,671</b>	<b>3.95</b>	<b>8,986,982</b>	<b>55,311</b>
<b>GENERAL PLANT</b>							
390.00	Structures and Improvements	986,202	2.12	20,483	9.91	95,751	75,267
390.09	Improvements to Leased Premises	1,382,343	5.00	69,117	2.38	32,623	(36,494)
391.00	Office Furniture and Equipment	2,305,350	7.05	162,627	6.22	143,393	(19,134)
392.00	Transportation Equipment	761,620	6.92	57,937	59.79	455,373	387,436
394.00	Tools, Shop and Garage Equipment	2,118,023	3.28	69,471	6.63	140,425	70,954
396.00	Power Operated Equipment	683,629	2.79	18,515	20.76	137,769	119,254
397.00	Communication Equipment	1,498,108	5.21	78,051	5.43	81,347	3,296
398.00	Miscellaneous Equipment	2,160,051	10.94	236,310	4.26	92,018	(144,291)
399.01	OTP - Servers Hardware	178,980	14.29	25,149	2.71	4,769	(20,380)
399.03	OTP - Network Hardware	511,781	14.29	73,134	5.22	26,715	(46,419)
399.06	OTP - PC Hardware	2,702,785	18.51	500,287	0.81	16,487	(483,800)
399.07	OTP - PC Software	242,979	15.85	38,512	19.16	46,555	8,043
399.08	OTP - Application Software	522,254	12.50	65,282	17.48	91,342	26,060
	<b>Total General Plant</b>	<b>16,011,117</b>	<b>8.90</b>	<b>1,424,775</b>	<b>8.52</b>	<b>1,364,567</b>	<b>(80,208)</b>
	<b>Total Depreciable Plant</b>	<b>274,994,367</b>	<b>3.93</b>	<b>10,797,039</b>	<b>3.97</b>	<b>10,920,839</b>	<b>123,599</b>
	Intangible Plant	128,183					
	Non-Depreciable Plant	486,482					
	Fully Depreciated Plant	2,303,510					
	<b>Total Plant In Service</b>	<b>277,912,512</b>					



**ATMOS ENERGY CORPORATION - KENTUCKY**  
 Book Depreciation Study as of September 30, 2005  
 Comparison of Mortality Characteristics

**SCHEDULE 2**

(1) <u>Account</u>	(2) <u>Description</u>	(3) <u>EXISTING</u>			(4) <u>RECOMMENDED</u>					(11) <u>COR Rate %</u>
		(5) <u>ASL yrs.</u>	(6) <u>Iowa Curve</u>	(7) <u>Net Salvage %</u>	(8) <u>ASL yrs.</u>	(9) <u>Iowa Curve</u>	(10) <u>Gross Salvage %</u>	(11) <u>Cost of Removal %</u>	(12) <u>Net Salvage %</u>	
<b><u>PRODUCTION PLANT</u></b>										
325.20	Producing Leaseholds	-	-	-	50	R5	0	0	0	
328.40	Rights-of-Way	-	-	-	50	R5	0	0	0	
338.00	Purification Equipment	-	-	-	50	R5	0	6	(6)	0.10
<b><u>STORAGE PLANT</u></b>										
351.00	Structures and Improvements	45	R4	(5)	50	R2	5	0	5	
352.00	Well Construction and Equipment	50	R3	(50)	50	R3	0	40	(40)	0.80
352.03	Cushion Gas	-	-	-	50	SQ	0	0	0	
352.11	Storage Rights	40	R6	0	50	R5	0	0	0	
354.00	Compressor Station Equipment	40	S4	(10)	50	R1.5	0	0	0	
355.00	M&R Station Equipment	40	S1.5	0	50	R2	0	0	0	
<b><u>TRANSMISSION PLANT</u></b>										
365.20	Rights-of-Way	60	R5	0	55	R5	0	0	0	
366.00	Structures and Improvements	45	R3	0	50	R3	0	0	0	
367.00	Mains	50	R5	(5)	55	R1	0	25	(25)	0.45
369.00	M&R Station Equipment	40	S1.5	0	45	R0.5	0	2	(2)	0.04
<b><u>DISTRIBUTION PLANT</u></b>										
374.02	Land Rights	60	R5	0	55	R5	0	0	0	
375.00	Structures and Improvements	50	R3	0	50	L0	0	10	(10)	0.20
376.00	Mains	50	R1.5	(5)	55	R0.5	0	25	(25)	0.45
378.00	M&R Station Equipment	40	S1.5	0	50	R1	0	5	(5)	0.10
379.00	City Gate Equipment	40	S1.5	0	50	R1	0	15	(15)	0.30
380.00	Services	45	R1	(150)	40	R1.5	0	75	(75)	1.88
381.00	Meters	35	R2	0	25	R0.5	0	25	(25)	1.00
382.00	Meter Installations	35	R2	0	40	R1	0	25	(25)	0.63
383.00	House Regulators	35	R2	10	30	S6	0	0	0	
384.00	House Regulator Installations	35	R2	0	35	R2	0	0	0	
385.00	Industrial M&R Equipment	40	S1.5	0	40	L5	2	17	(15)	0.43
<b><u>GENERAL PLANT</u></b>										
390.00	Structures and Improvements	45	R3	(5)	15	L2	0	0	0	
390.09	Improvements to Leased Premises	20	SQ	0	25	R4	0	0	0	
391.00	Office Furniture and Equipment	15	S4	5	15	L0	0	0	0	
392.00	Transportation Equipment	8	R1.5	15	8	S5	10	0	10	
394.00	Tools, Shop and Garage Equipment	30	S1	0	20	S6	1	0	1	
396.00	Power Operated Equipment	15	L2	10	15	L5	5	0	5	
397.00	Communication Equipment	15	S5	0	20	S2	0	0	0	
398.00	Miscellaneous Equipment	10	R3	0	20	R5	0	0	0	
399.01	OTP - Server Hardware	7	SQ	0	10	SQ	0	0	0	
399.03	OTP - Network Hardware	7	SQ	0	10	SQ	0	0	0	
399.06	OTP - PC Hardware	5	R5	0	10	L1	2	0	2	
399.07	OTP - PC Software	5	R5	0	5	S1.5	0	0	0	
399.08	OTP - Application Software	8	SQ	0	8	R5	0	0	0	



## CALCULATION OF EQUAL LIFE GROUP DEPRECIATION RATES

It is the group concept of depreciation that leads to the existence of the ELG procedure for calculating depreciation rates. This concept has been an integral part of utility depreciation accounting practices for many years. Under the group concept, there is no attempt to keep track of the depreciation applicable to individual items of property. This is not surprising, in view of the millions of items making up a utility system. Any item retired is assumed to be fully depreciated, no matter when the retirements occur. The group of property would have some average life. "Average" is the result of an arithmetic calculation, and there is no assurance that any of the property in the group is "average."

The term "average service life" used in the context of book depreciation is well known, and its use in the measurement of the mortality characteristics of property carries with it the concept of retirement dispersion. If every item was average, thereby having exactly the same life, there would be no dispersion. The concept of retirement dispersion recognizes that some items in a group live to an age less than average service life, and other items live longer than the average. Retirement dispersion is often identified by standard patterns.

The Iowa type dispersion patterns that are widely used by electric and gas utilities were devised empirically about 60 years ago to provide a set of standard definitions of retirement dispersion patterns. Figure 1 shows the dispersion patterns for three of these curves. The L series indicates the mode is to the Left of average service life, the R series to the Right, and the S series at average service life, and therefore, Symmetrical. There is also an O series which has the mode at the Origin, thereby identifying a retirement pattern that has the maximum percentage of original installations retired during the year of placement.

The subscripts on Figure 1 indicate the range of dispersion, with the high number (4) indicating a narrow dispersion, and the low number (1) indicating a wide dispersion pattern. For example, the R1 curve shown on the Figure indicates retirements start immediately and some of the property will last twice as long as the average service life. The dispersion patterns translate to survivor curves, which are the most widely recognized form of the Iowa curves. Other families of patterns exist, but are not as widely used as the Iowa type.

The methods of calculating depreciation rates are categorized as straight-line and non-straight-line. Non-straight-line methods can be accelerated or deferred. There are three basic procedures for calculating straight-line book depreciation rates:

- Units-of-Production
- Average Life Group (ALG)
- Equal Life Group (ELG)

Each of these procedures can be calculated using either the whole life or the remaining life technique.

Productive life may be identified by (a) a life span or (b) a pattern of production or usage. Units-of-Production is straight-line over production or usage, while the others are straight-line over life measured by time. ALG is straight-line over the average life of the group, while ELG is straight-line over the actual life of the group.

The formulas for the whole life and remaining life techniques are shown on Table 1. For the ELG calculation procedure, Formulas 1 and 3 are applied to the individual equal life components of the property group. For the ALG calculation, the formulas are applied to the property group itself. Formula 2 is applied to the property group for either ELG or ALG. Use of the units (percent and years) in the formulas results in rates as a percent of the depreciable plant balance.

The depreciable plant balance is the surviving balance at the time the rate is calculated, and is expressed as a percentage (always 100) of itself. Salvage and reserves are expressed as a percent of the depreciable plant balance. For example, a property group having a 35 year average service life and negative 5% salvage would have an ALG whole life rate of  $(100 + 5)/35$ , or 3.00%.

The first term in Formula 2 is identical to Formula 1 for the whole life rate. The second term of Formula 2 illustrates that the difference between a remaining life rate and whole life rate is the allocation of the difference between the book and calculated theoretical reserves over the remaining life by a remaining life rate.

The widely used ALG procedure of depreciation rate calculation does not recognize the existence of retirement dispersion in the calculation. The difference between the ALG and ELG procedure is the recognition of retirement dispersion in the ELG rate calculation. ELG is a rate calculation procedure: nothing more. The data required to make the ELG calculation are average service life, retirement dispersion, net salvage and the age distribution of the property. The depreciation study required to determine the applicable mortality characteristics is independent from the calculation of the depreciation rates. The resulting mortality characteristics can be used to calculate either ALG or ELG rates, both with either the whole life technique or the remaining life technique. Any set of mortality characteristics that is suitable for calculating ALG rates is just as suitable for calculating ELG rates. Conversely, any set that is not suitable for ELG is not suitable for ALG either. The ELG procedure calculates the depreciation rates based on the expected life of each equal life component of the property rather than the average of all components. As discussed earlier, "average" is the result of a calculation and there may not be any "average" property. When curves are used to define retirement dispersion, the average service life and the retirement dispersion pattern define the equal life groups and the expected life applicable to each group.

When retirement dispersion does not exist, the ELG rate is identical to the ALG rate. When dispersion exists, the ELG rate for recently installed property is higher than the ALG rate and for old property is lower.

### A Simple Illustration of ELG

This illustration provides a framework for visualizing the ELG methodology. Table 2 assumes 20% of the \$5,000 investment is retired at the end of each year following placement. The retirement frequencies are shown on Line 7. As shown in Columns 2 through 6, this means \$1,000 of investment is retired each year, with the retirement at Age 1 being recovered in its entirety during Year One; at Age 2 in Years One and Two, etc. The depreciation rate applicable to each equal life group is shown on Line 8. The annual provision in dollars for Year One shown in Column 7 is made up of the Age 1 annual amounts shown on Line 1, Columns 2 through 6. As shown on the Table, the annual provision for Age 2 is equal to the annual provision for Age 1 less the amount collected during Year One applicable to the group retired during Year One. Thus, the annual provisions can be thought of as a matrix, with the provision for any given year being produced by a portion of the matrix.

The depreciation rates shown in Column 9 are determined by dividing the annual provisions in Column 7 by the survivors in Column 8. The rate formula shown on Table 2 can also be used to calculate the rates and is used on the Table to illustrate the working of the matrix by calculating the depreciation rates for Year One and Year Three. For Year One, the numerator and denominator both consist of five terms. Each year, the left-hand term of both numerator and denominator drop off. It should be noted that the reverse summation of retirement ratios (starting with Column 6 and moving left on Line 7) is equal to the survivor ratio at the beginning of the period shown in Column 10.

The formula can illustrate how the matrix can be thought of in terms of a depreciation rate. If the multiplier of 100 is incorporated in each element of the numerator of the formula, such as  $(100 \times 0.2)/2$ , it can be seen that  $100/2$  is a rate and the retirement frequency (0.2) is a weighting factor. This particular rate (50%) is the one shown for Age 2 property on Line 8, Column 3.

It can be seen that the only data required for the ELG rate calculation are the retirement frequencies for each year. These frequencies are defined by the average service life and the shape of the dispersion pattern.

#### A Real Illustration of ELG

The depreciation analyst deals with much larger groups of property than appearing on Table 2. Table 3 contains an ELG rate calculation for an actual depreciable property group. The retirement frequencies shown in Column 4 are defined by the 38 year average service life and the L5 Iowa type dispersion pattern. The ALG rate without salvage for this property is 2.632% ( $100\%/38$  years), while the ELG rate varies from 2.704% at age 0.5 years to 1.471% at the age just prior to the last retirement, 67.5 years.

The rate listed in Column 5 at each age is the weighted summation of individual rates applicable to that portion of the surviving property that the retirement frequencies in Column 4 indicate will be retired in each following year. The combination of average service life and dispersion pattern means that the first retirement will be from the age 18.5 property during the following year at an age of 19 years; therefore, it will require a rate of 5.263% ( $100\%/19$  years). (This example does not have any surviving balance at age 18.5). The last retirement will be from age 67.5 year property; consequently, it will require a rate of 1.471% ( $100\%/68$  years). The vintage composite rate shown in Column 5 at age 0.5 years is the weighted summation of rates varying from 5.263% to 1.471%.

Since this example is for a narrow dispersion pattern, the first retirement occurs at age 19 years and the vintage composite rate remains 2.704% at age 19.5 years, because the first retirement drops the 5.263% rate from the summation.

A wider dispersion would result in a wider range of vintage composite rates than defined by the LS curve (i.e., 2.704% to 1.471%).

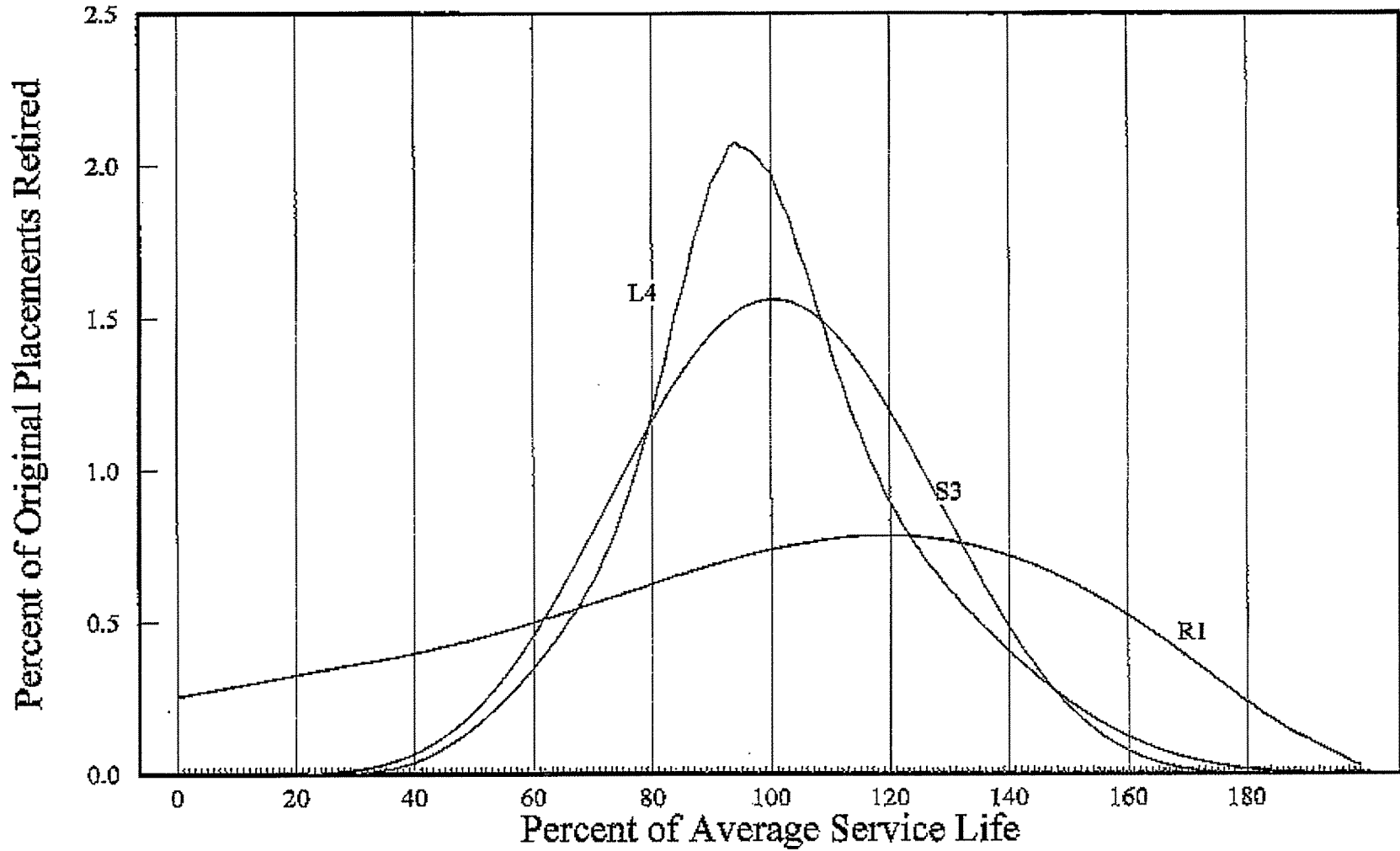
All that is necessary for calculating the depreciation rates applicable to each age of property are the retirement frequencies. These frequencies are defined by the average service life and the retirement dispersion pattern. The determination of average service life requires the determination of the dispersion, as without dispersion there would be no "average".

Depending on the dispersion pattern, the number of retirement frequencies making up the complete curve can be up to about 4.4 times the number of years of average service life. Thus, for an account whose number of retirement frequencies is three times average service life and whose average service life is 30 years, the rate applicable to the Age 1 property will be made up of the weighted summation of 89 components, etc. Thus, the rate calculation process is complex, but certainly not complicated. It is this complexity that makes the rate calculations much more practical using a computer.



# RETIREMENT DISPERSION DEFINED

## BY IOWA TYPE CURVES



DEPRECIATION RATE CALCULATION PROCEDURES

TABLE 1

Whole Life

$$\text{Rate (\%)} = \frac{\text{PB} - \text{S}}{\text{ASL}} \quad \text{Formula 1}$$

Remaining Life

$$\text{Rate (\%)} = \frac{\text{PB} - \text{FS}}{\text{ASL}} - \frac{\text{BR} - \text{CT}}{\text{ARL}} \quad \text{Formula 2}$$

$$\text{Rate (\%)} = \frac{\text{PB} - \text{FS} - \text{BR}}{\text{ARL}} \quad \text{Formula 3}$$

Where

- PB is Depreciable Balance, %
- AS is Average Net Salvage, %
- FS is Future Net Salvage, %
- ASL is Average Service Life, years
- BR is Depreciation Reserve, %
- CTR is Calculated Theoretical Reserve, %
- ARL is Average Remaining Life, years

DEVELOPMENT OF EQUAL LIFE GROUP CAPITAL RECOVERY RATE

TABLE 2

Line	(1) Age Years	(2) Group 1 \$	(3) Group 2 \$	(4) Group 3 \$	(5) Group 4 \$	(6) Group 5 \$	(7) Annual Provision \$	(8) Beginning Survivors \$	(9) Rate %	(10) Survivor Factor
1	1	1,000.00	500.00	333.33	250.00	200.00	2,283.33	5,000.00	45.67	1.00
2	2		500.00	333.33	250.00	200.00	1,283.33	4,000.00	32.08	0.80
3	3			333.33	250.00	200.00	783.33	3,000.00	26.11	0.60
4	4				250.00	200.00	450.00	2,000.00	22.50	0.40
5	5					200.00	200.00	1,000.00	20.00	0.20
6	Retirements	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00				
7	Frequency	0.20	0.20	0.20	0.20	0.20				
8	Rate	100%	50%	33.33%	25%	20%				

$$\text{Rate, \%} = \frac{\text{Retirements Frequencies}}{\text{Age at Retirement}} \times 100$$

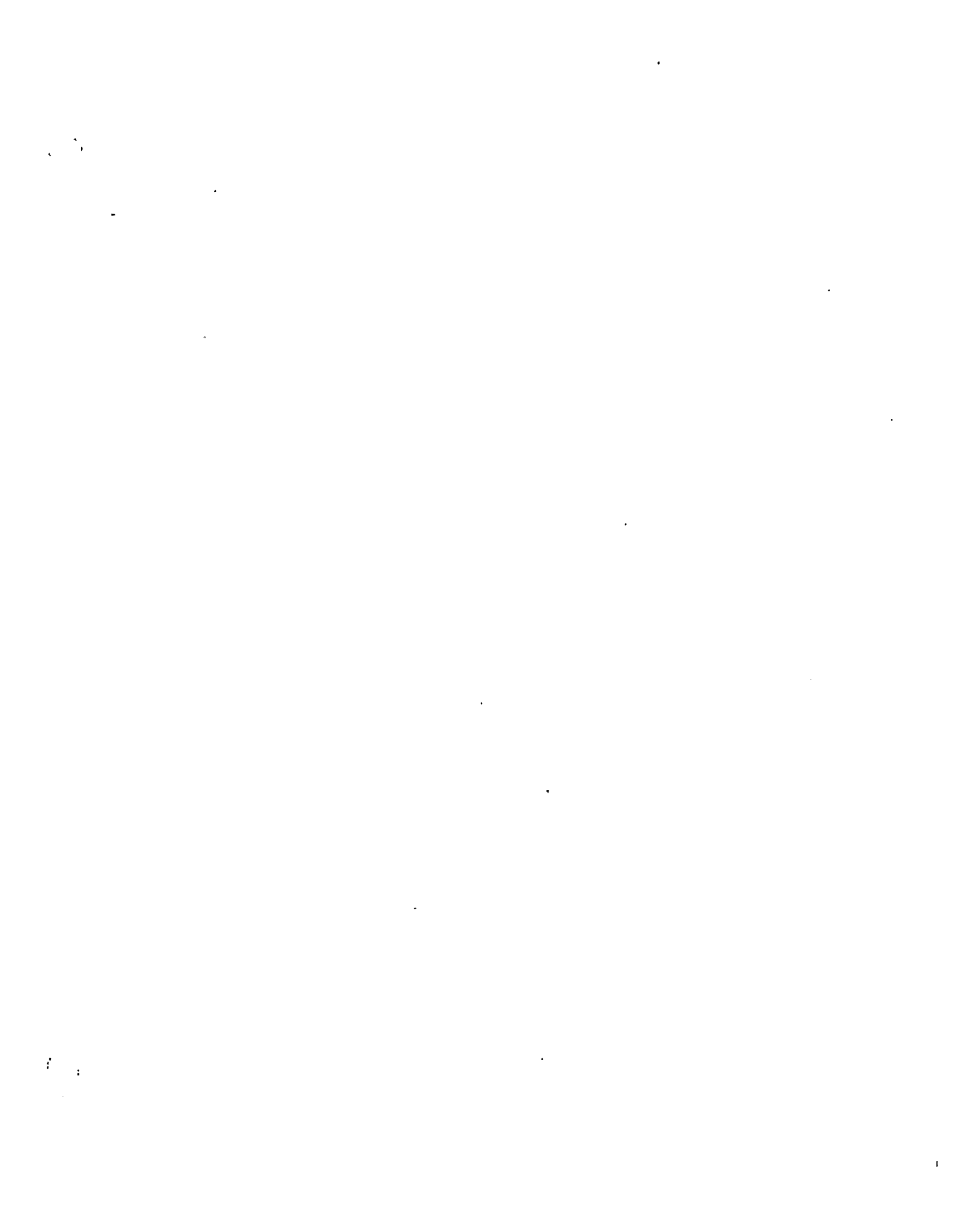
$$\text{Reverse of Retirement Frequencies}$$

$$\text{Year One Rate} = \frac{0.2 + 0.2 + 0.2 + 0.2 + 0.2}{0.2 + 0.2 + 0.2 + 0.2 + 0.2} \times 100 = 45.67\%$$

$$\text{Year Three Rate} = \frac{0.2 + 0.2 + 0.2}{0.2 + 0.2 + 0.2} \times 100 = 26.11\%$$

DETERMINATION OF DEPRECIATION RATES BY ELG PROCEDURES

(1) Age Years	(2) Year	(3) Vintage Balance \$	(4) Retirement Frequency ASL 38 Curve L5	(5) Rate	(6) Amount \$
0.5	1993	4,244,285	0.0000	0.02704	114,758.36
1.5	1992	800,784	0.0000	0.02704	21,651.86
2.5	1991	60,016	0.0000	0.02704	1,622.79
3.5	1990	43,456,063	0.0000	0.02704	1,174,952.00
4.5	1989	61,456	0.0000	0.02704	2,202.43
5.5	1988	172,463	0.0000	0.02704	4,663.11
6.5	1987	2,098,991	0.0000	0.02704	56,753.20
7.5	1986	2,865,949	0.0000	0.02704	72,623.55
8.5	1984	1,642,443	0.0000	0.02704	44,408.90
10.5	1983	222,602	0.0000	0.02704	6,018.78
11.5	1982	85,661	0.0000	0.02704	2,318.13
12.5	1981	4,965	0.0000	0.02704	134.79
13.5	1980	72,942	0.0000	0.02704	1,972.23
14.5	1979	219,163	0.0000	0.02704	5,925.80
15.5	1978	120,865	0.0000	0.02704	3,262.58
16.5	1977	37,042	0.0000	0.02704	1,001.55
17.5	1976	339,238	0.0000	0.02704	9,172.21
19.5	1974	336,723	0.0001	0.02703	9,101.41
20.5	1973	10,375,359	0.0004	0.02702	280,292.86
21.5	1972	4,481,906	0.0009	0.02699	120,963.25
22.5	1971	5,923,340	0.0016	0.02695	159,616.98
23.5	1970	76,848	0.0030	0.02689	2,119.97
24.5	1969	305,176	0.0047	0.02681	8,180.42
25.5	1968	10,312,586	0.0069	0.02670	275,375.94
26.5	1967	2,754,087	0.0084	0.02658	73,203.24
27.5	1966	9,558,788	0.0123	0.02644	252,715.77
29.5	1964	5,556,093	0.0194	0.02610	144,985.54
30.5	1963	23,363	0.0242	0.02589	605.42
31.5	1982	3,313,564	0.0305	0.02666	86,012.50
32.5	1961	32,271	0.0366	0.02638	819.16
33.5	1960	151,668	0.0482	0.02507	3,802.24
34.5	1959	171,483	0.0583	0.02472	4,238.70
35.5	1958	167,116	0.0674	0.02433	4,065.36
36.5	1957	70,420	0.0740	0.02390	1,863.22
37.5	1956	1,792,312	0.0768	0.02345	42,036.33
39.5	1954	2,270,555	0.0701	0.02252	51,131.79
40.5	1953	187	0.0622	0.02206	4.13
41.5	1952	20,165	0.0531	0.02161	436.14
42.5	1951	12,860	0.0442	0.02118	272.40
43.5	1950	708	0.0362	0.02078	14.67
44.5	1949	2,852	0.0298	0.02041	54.13
45.5	1948	6,422	0.0245	0.02006	128.81
46.5	1947	19,673	0.0205	0.01972	386.07
47.5	1946	323,056	0.0173	0.01940	6,266.69
49.5	1944	2,285,041	0.0123	0.01879	42,943.47
50.5	1943	15,614	0.0103	0.01850	288.86
51.5	1942	620,752	0.0085	0.01821	11,306.36
53.5	1940	684,610	0.0055	0.01766	12,090.28
54.5	1939	47,173	0.0043	0.01740	820.76
55.5	1938	22,725	0.0033	0.01714	389.52
56.5	1937	560	0.0025	0.01669	9.46
57.5	1936	722	0.0019	0.01664	12.02
59.5	1934	3,065	0.0005	0.01573	48.21
61.5	1932	844,400	0.0005	0.01573	14,853.98
87.5	1928	2	0.0000	0.01471	0.03
Totals		<u>119,029,891</u>			<u>3,133,730.27</u>
			SALVAGE (%) =		-5.0
			AFTER SALVAGE =		<u>3,290,417</u>
			ANNUAL DEPRECIATION RATE =		<u>2.76</u>



**ATMOS ENERGY CORPORATION - KENTUCKY**  
Current Depreciation Rates and Service Lives

<u>Account</u>	<u>Description</u>	<u>ASL</u>	<u>Depr Rate</u>
<b><u>INTANGIBLE PLANT</u></b>			
301.00	Organization	-	0.00%
302.00	Franchises & Consents	-	0.00%
303.00	Misc. Intangible Plant	-	0.00%
<b><u>NG PRODUCTION PLANT</u></b>			
325.20	Producing Leaseholds	50	5.89%
325.40	Rights of Way	50	2.29%
331.00	Gas Wells Equipment	-	0.00%
332.01	Field Lines	-	0.00%
332.02	Tributary Lines	-	0.00%
334.00	Field M&R Station Equipment	-	0.00%
336.00	Purification Equipment	50	5.26%
<b><u>STORAGE PLANT</u></b>			
350.10	Land	-	0.00%
350.20	Rights of Way	50	0.92%
351.00	Structures and Improvements	50	0.60%
351.02	Compression Station Equipment	50	0.60%
351.03	M&R Station Structures	45	1.93%
351.04	Other Structures	50	0.60%
352.00	Wells \ Rights of Way	50	2.11%
352.01	Well Construction	50	2.11%
352.02	Well Equipment	50	2.71%
352.03	Cushion Gas	50	2.38%
352.10	Leaseholds	50	0.30%
352.11	Storage Rights	50	0.44%
353.01	Field Lines	40	1.35%
353.02	Tributary Lines	40	1.35%
354.00	Compressor Station Equipment	50	0.60%
355.00	M&R Equipment	50	0.12%
356.00	Purification Equipment	30	1.30%
<b><u>TRANSMISSION PLANT</u></b>			
365.10	Land	-	0.00%
365.20	Rights of Way	55	1.65%
366.02	Structures and Improvements	50	2.05%
366.03	Other Structures	50	2.05%
367.00	Mains - Cathodic Protection	55	1.69%
367.01	Mains - Steel	55	1.69%
369.00	M&R Station Equipment	45	1.48%
369.01	M&R Station Equipment	45	1.48%

**ATMOS ENERGY CORPORATION - KENTUCKY**  
Current Depreciation Rates and Service Lives

<u>Account</u>	<u>Description</u>	<u>ASL</u>	<u>Depr Rate</u>
<b><u>DISTRIBUTION PLANT</u></b>			
374.00	Land and Land Rights	-	0.00%
374.01	Land	-	0.00%
374.02	Land Rights	55	1.86%
375.03	Other Land	-	0.00%
375.00	Structures and Improvements	50	3.18%
375.01	Structures & Improvements TB	50	3.18%
375.02	Land Rights	50	3.18%
375.03	Improvements	50	3.18%
376.00	Mains - Cathodic Protection	55	2.27%
376.01	Mains - Steel	55	2.27%
376.02	Mains - Plastic	55	2.27%
378.00	M&R Station Equipment - Gen	50	1.92%
379.00	City Gate Equipment	50	2.43%
379.05	M&R Station Equipment - TB	50	2.43%
380.00	Services	40	4.41%
381.00	Meters	25	8.06%
382.00	Meter Installations	40	4.60%
383.00	House Regulators	30	2.90%
384.00	House Regulator Installations	35	2.02%
385.00	Industrial M&R Equipment	40	2.61%
386.00	Other Property on Cust Prem.	-	3.00%
<b><u>GENERAL PLANT</u></b>			
389.00	Land and Land Rights	-	0.00%
390.02	Structures and Improvements	15	9.91%
390.03	Improvements	15	9.91%
390.04	Air Conditioning Equipment	15	9.91%
390.09	Improvements to Leased Premises	25	2.36%
391.00	Office Furniture and Equipment	18	6.22%
391.03	Office Machines	18	6.22%
392.00	Transportation Equipment	8	59.79%
392.01	Trucks	8	8.92%
392.02	Trailers	8	59.79%
394.00	Tools, Shop and Garage Equip.	20	6.63%
396.03	Ditchers	15	20.76%
396.04	Backhoes	15	20.76%
396.05	Welders	15	20.76%
397.00	Communication Equipment	20	5.43%
397.01	Mobile Radios	20	5.43%
397.02	Fixed Radios	20	5.43%
397.05	Telemetry	20	5.43%
398.00	Miscellaneous Equipment	20	4.26%
399.01	Servers Hardware	10	2.71%
399.02	Servers Software	7	14.29%
399.03	Network Hardware	10	5.22%
399.06	PC Hardware	10	0.61%
399.07	PC Software	5	19.16%
399.08	Application Software	8	17.49%





REQUEST:

Provide Atmos-Kentucky's cash account balances at the beginning of calendar year 2008 and at the end of each month since then.

RESPONSE:

The rate divisions within the Company do not have cash accounts. The cash accounts are held at the corporate level.

Respondent: Daniel Meziere



REQUEST:

Provide the average number of natural gas customers on Atmos-Kentucky's system (actual and projected), by rate schedule, for the base period and the three most recent calendar years.

RESPONSE:

Please see Attachment 1. Also, refer to Filing Requirement 10(10)I.2.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Number of Customers, 1 Page.

Respondent: Gary Smith

Atmos Energy Corporation, Kentucky/Mid-States Division  
 Kentucky Jurisdiction Case No. 2009-00354  
 Revenue Statistics  
 Base Period: Twelve Months Ended December 31, 2009  
 Forecasted Test Period: Twelve Months Ended March 31, 2011

Data:  Base Period  Forecasted Period  
 Type of Filing:  Original  Updated  
 Workpaper Reference No(s):

FR10(10)(i)2  
 Schedule I  
 G. Smith

Line No.	Description	Most Recent Five Calendar Years					Base Period	Forecasted Period	Three Projected Calendar Years		
		2004	2005	2006	2007	2008	12/31/2009	3/31/2011	2011	2012	2013
1	Number of Customer by Class:										
2	Residential	161,069	156,105	153,359	153,544	153,438	152,737	152,237	151,937	151,537	151,137
3	Commercial	18,356	18,052	17,617	17,652	17,499	17,394	17,394	17,394	17,394	17,394
4	Industrial	435	239	225	223	223	217	217	217	217	217
5	Public Authority & Other	1,655	1,637	1,616	1,588	1,568	1,565	1,565	1,565	1,565	1,565
6	Total	181,515	176,033	172,816	173,007	172,729	171,913	171,413	171,113	170,713	170,313



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-28  
Page 1 of 1

REQUEST:

Provide a schedule showing a comparison of the balance in the revenue accounts for each of the 12 most recent months available at the time this response is prepared to the same month of the immediately preceding 12-month period year for each revenue account or subaccount included in Atmos-Kentucky's chart of accounts. Include appropriate footnotes to show the month each rate increase was granted and the month the full increase was recorded in the accounts. See Schedule 28.

RESPONSE:

Please see Attachment 1 for the requested information.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Revenue by Class, 1 Page.

Respondent: Gary Smith

Atmos Energy Corporation  
Kentucky/Mid-States Division  
Revenues by Class  
Fiscal years 2008 & 2009

Account	Description	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Total
4800	Residential sales	\$ 4,244,222	\$ 10,026,745	\$ 22,572,075	\$ 27,858,889	\$ 23,173,787	\$ 18,941,634	\$ 8,661,594	\$ 4,373,329	\$ 2,718,686	\$ 2,870,737	\$ 2,531,368	\$ 2,392,305	\$ 130,355,370
4805	Unbilled Residential Revenue	1,407,531	6,713,616	1,235,350	3,945,488	(4,447,953)	(4,993,802)	(2,756,516)	(569,901)	(268,157)	(70,282)	4,667	(45,975)	154,068
	Total Residential	\$ 5,651,753	\$ 16,740,361	\$ 23,807,426	\$ 31,804,377	\$ 18,725,835	\$ 13,947,832	\$ 5,895,078	\$ 3,803,429	\$ 2,450,529	\$ 2,800,455	\$ 2,536,035	\$ 2,346,330	\$ 130,509,438
4811	Commercial Revenue-Banner	\$ 2,702,639	\$ 4,129,967	\$ 9,149,798	\$ 11,474,401	\$ 9,725,097	\$ 7,740,577	\$ 3,473,013	\$ 1,940,337	\$ 1,411,928	\$ 1,473,380	\$ 1,261,204	\$ 1,328,740	\$ 55,811,081
4815	Unbilled Comm Revenue	990,230	1,943,421	342,017	1,745,744	(1,813,226)	(2,194,350)	(1,161,483)	812,580	(941,223)	(78,919)	42,402	37,914	(274,892)
	Total Commercial	\$ 3,692,869	\$ 6,073,388	\$ 9,491,815	\$ 13,220,145	\$ 7,911,871	\$ 5,546,227	\$ 2,311,530	\$ 2,752,918	\$ 470,705	\$ 1,394,461	\$ 1,303,607	\$ 1,366,654	\$ 55,536,190
4812	Industrial Revenue-Banner	\$ 899,120	\$ 855,955	\$ 1,760,574	\$ 1,799,666	\$ 1,477,623	\$ 1,119,365	\$ 566,291	\$ 288,922	\$ 1,122,017	\$ 172,638	\$ 219,130	\$ 85,262	\$ 10,366,564
4816	Unbilled Industrial Revenue	(203,960)	50,575	2,967	(2,137)	(23,443)	(46,384)	16,432	(45,906)	-	-	-	-	(251,856)
	Total Industrial	\$ 695,160	\$ 906,529	\$ 1,763,540	\$ 1,797,530	\$ 1,454,180	\$ 1,072,981	\$ 582,723	\$ 243,016	\$ 1,122,017	\$ 172,638	\$ 219,130	\$ 85,262	\$ 10,114,708
4820	Other Sales to Public Authorities	\$ 563,070	\$ 1,123,719	\$ 2,351,684	\$ 2,786,375	\$ 2,359,567	\$ 1,894,610	\$ 847,321	\$ 450,377	\$ 260,958	\$ 304,120	\$ 219,578	\$ 211,048	\$ 13,372,427
4825	Unbilled Public Authority Revenue	271,218	647,224	(10,832)	369,799	(447,367)	(543,235)	(284,186)	(38,157)	(17,623)	(30,004)	14,858	(133)	(68,438)
	Total PA	\$ 834,288	\$ 1,770,943	\$ 2,340,852	\$ 3,156,174	\$ 1,912,200	\$ 1,351,375	\$ 563,135	\$ 412,220	\$ 243,335	\$ 274,116	\$ 234,436	\$ 210,915	\$ 13,303,989
	Total Revenues	\$ 10,874,070	\$ 25,491,221	\$ 37,403,632	\$ 49,978,226	\$ 30,004,087	\$ 21,918,415	\$ 9,352,467	\$ 7,211,582	\$ 4,286,586	\$ 4,641,670	\$ 4,293,208	\$ 4,009,161	\$ 209,464,324

Account	Description	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Total
4800	Residential sales	\$ 3,567,316	\$ 8,585,265	\$ 16,008,684	\$ 23,173,368	\$ 22,295,006	\$ 18,407,274	\$ 11,780,305	\$ 7,889,627	\$ 4,428,604	\$ 4,252,862	\$ 4,244,245	\$ 4,087,774	\$ 128,720,329
4805	Unbilled Residential Revenue	1,250,136	1,876,606	3,162,775	6,218,245	(4,706,891)	(2,620,752)	(2,112,383)	(2,154,605)	(358,092)	126,150	(175,715)	(536,232)	(30,758)
	Total Residential	\$ 4,817,452	\$ 10,461,871	\$ 19,171,459	\$ 29,391,613	\$ 17,588,115	\$ 15,786,522	\$ 9,667,922	\$ 5,735,022	\$ 4,070,512	\$ 4,379,012	\$ 4,068,530	\$ 3,551,542	\$ 128,689,571
4811	Commercial Revenue-Banner	\$ 2,107,244	\$ 3,569,018	\$ 6,291,478	\$ 9,675,443	\$ 9,312,763	\$ 7,677,775	\$ 4,741,462	\$ 3,561,682	\$ 2,632,064	\$ 2,672,000	\$ 2,689,549	\$ 2,968,281	\$ 57,898,758
4815	Unbilled Comm Revenue	943,989	902,954	1,273,476	1,700,632	(1,972,374)	(1,121,320)	(923,835)	(798,434)	240,698	116,058	(29,392)	(323,294)	9,156
	Total Commercial	\$ 3,051,232	\$ 4,471,971	\$ 7,564,954	\$ 11,376,075	\$ 7,340,389	\$ 6,556,454	\$ 3,817,627	\$ 2,763,248	\$ 2,872,762	\$ 2,788,058	\$ 2,660,158	\$ 2,644,987	\$ 57,907,915
4812	Industrial Revenue-Banner	\$ 748,007	\$ 1,108,652	\$ 1,294,025	\$ 1,945,010	\$ 1,549,100	\$ 1,505,803	\$ 1,128,019	\$ 1,068,346	\$ 1,414,228	\$ 1,083,431	\$ 963,485	\$ 486,496	\$ 14,294,603
4816	Unbilled Industrial Revenue	58,812	113,064	(189,023)	112,455	396,310	(359,394)	130,258	(27,166)	(230,286)	(150,964)	(51,176)	208,299	11,189
	Total Industrial	\$ 806,819	\$ 1,221,716	\$ 1,105,002	\$ 2,057,466	\$ 1,945,410	\$ 1,146,409	\$ 1,258,277	\$ 1,041,181	\$ 1,183,942	\$ 932,468	\$ 912,309	\$ 694,795	\$ 14,305,792
4820	Other Sales to Public Authorities	\$ 479,054	\$ 930,016	\$ 1,581,842	\$ 2,387,527	\$ 2,225,852	\$ 1,829,499	\$ 1,170,295	\$ 791,934	\$ 539,988	\$ 472,814	\$ 466,485	\$ 500,648	\$ 13,375,983
4825	Unbilled Public Authority Revenue	250,167	231,089	334,693	492,227	(537,201)	(271,651)	(208,501)	(223,375)	35,196	(15,949)	(16,451)	(63,627)	6,617
	Total PA	\$ 729,221	\$ 1,161,105	\$ 1,916,535	\$ 2,879,754	\$ 1,688,681	\$ 1,557,848	\$ 961,794	\$ 568,559	\$ 575,184	\$ 456,865	\$ 450,034	\$ 437,021	\$ 13,382,600
	Total Revenues	\$ 9,404,724	\$ 17,316,664	\$ 29,757,950	\$ 45,704,907	\$ 28,562,595	\$ 25,047,232	\$ 15,705,619	\$ 10,108,010	\$ 8,702,400	\$ 8,556,402	\$ 8,091,031	\$ 7,328,345	\$ 214,285,878





REQUEST:

Provide the following expense account data:

- a. A schedule showing a comparison of the balance in Atmos- Kentucky's operating expense accounts for each month of the most recent 12 months for which information is available at the time the application is filed to the same month of the preceding 12-month period for each account or subaccount included in Atmos-Kentucky's chart of accounts. See Schedule 29.
- b. A schedule, in comparative form, showing the operating expense account balance for the base period and each of the three most recent calendar years for each account or subaccount included in Atmos-Kentucky's annual report. Show the percentage of increase or decrease of each year over the prior year.

RESPONSE:

- a) Please see Attachment 1 for a comparison of the O&M expense accounts by month for September 2007 - August 2009.
- b) Please see Attachment 2 for a comparison of the O&M expenses for the three most recent calendar years (CY06 - CY08) and the base period (CY09).

ATTACHMENTS:

ATTACHMENT 1 - Atmos Energy Corporation, Expense Account Balances September 2007 Through August 2009, 36 Pages

ATTACHMENT 2 - Atmos Energy Corporation, Expense Account Balances CY 2006 Through CY 2008, CY 2009, 12 Pages.

Respondent: Daniel Meziere





**Atmos Energy Corp.; Kentucky/ Mid-States Division**  
**Case No. 2009-00354**  
**Comparison of Expense Account Balances**  
**Variance Sep07-Aug08 vs Sep08-Aug09**  
**KY - Div 009**

8570	Transmission - Measuring and regulating station expenses	01000	Non-project Labor	2,440.01	6,167.45	3,605.93	5,512.60	7,197.30	8,372.39	6,656.97	7,612.29	9,985.32	4,259.10	4,234.84	5,928.72	69,172
8570	Transmission - Measuring and regulating station expenses	01008	Expense Labor Accrual	(9.64)	1,658.98	(664.01)	1,228.96	2,008.18	(3,642.71)	601.69	1,127.83	387.74	(1,150.70)	622.43	(1,976.27)	368
8570	Transmission - Measuring and regulating station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	02005	Non-Inventory Supplies	124.10	11.98	317.55	494.38	20.58	-	-	-	314.29	17.17	640.75	-	1,931
8570	Transmission - Measuring and regulating station expenses	04690	Utilities	382.06	348.59	301.51	333.92	408.11	330.94	312.92	394.35	3,121.72	28,245.59	47,180.22	60,697.34	142,058
8570	Transmission - Measuring and regulating station expenses	05411	Meals & Entertainment	137.90	-	-	55.47	163.28	-	-	-	-	143.57	-	6.18	508
8570	Transmission - Measuring and regulating station expenses	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	55.75	-	-	58
8570	Transmission - Measuring and regulating station expenses	05413	Transportation	-	-	-	-	55.14	-	-	-	-	98.72	-	-	154
8570	Transmission - Measuring and regulating station expenses	05414	Lodging	34.32	-	81.13	-	-	-	-	-	-	343.43	-	-	459
8570	Transmission - Measuring and regulating station expenses	05419	Misc Employee Expense	60.50	-	-	-	-	-	-	-	-	34.42	-	-	115
8570	Transmission - Measuring and regulating station expenses	08111	Contract Labor	-	-	-	-	-	-	-	-	992.10	4,134.00	-	-	5,096
8570	Transmission - Measuring and regulating station expenses	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	20.00	-	-	20
8820	Transmission - Maintenance of Structures	04582	Building Maintenance	-	-	-	-	-	-	-	15.76	-	-	-	-	16
8830	Transmission - Maintenance of mains	01000	Non-project Labor	8,888.48	8,673.23	4,175.50	2,087.84	1,374.03	3,053.40	1,221.36	1,171.18	1,949.81	1,744.80	1,238.88	6,268.69	37,846
8830	Transmission - Maintenance of mains	01008	Expense Labor Accrual	(35.84)	947.17	(681.64)	(939.44)	(168.49)	(452.92)	(142.49)	102.06	508.44	(15.27)	(93.82)	179.13	(713)
8830	Transmission - Maintenance of mains	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	255.34	255
8830	Transmission - Maintenance of mains	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	-	-
8830	Transmission - Maintenance of mains	02005	Non-Inventory Supplies	1,577.85	1,374.38	2,684.99	211.95	68.88	35.38	341.43	148.14	101.60	-	25.24	202.08	6,750
8830	Transmission - Maintenance of mains	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-
8830	Transmission - Maintenance of mains	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	-	-
8850	Transmission - Maintenance of measuring equipment	01000	Non-project Labor	-	-	-	118.80	14.00	-	-	-	-	-	-	-	133
8850	Transmission - Maintenance of measuring equipment	01008	Expense Labor Accrual	-	-	-	65.34	(55.54)	(9.80)	-	-	-	-	-	-	0
8850	Transmission - Maintenance of measuring equipment	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	-	-
8850	Transmission - Maintenance of measuring equipment	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	-	-
8850	Transmission - Maintenance of measuring equipment	02005	Non-Inventory Supplies	-	-	1,136.95	-	-	-	-	270.00	34.06	-	-	69.22	1,510
8850	Transmission - Maintenance of measuring equipment	04040	Community Ref&Trade Shows	-	-	-	-	-	600.00	-	-	-	-	-	-	600
8850	Transmission - Maintenance of measuring equipment	05414	Lodging	-	-	-	-	-	-	-	-	-	-	-	77.17	77
8850	Transmission - Maintenance of measuring equipment	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	-	-
8870	Transmission - Maintenance of other equipment	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	01000	Non-project Labor	25,388.93	32,941.87	34,562.23	33,698.87	39,221.19	64,415.17	32,448.30	36,819.18	33,475.11	33,389.55	34,641.60	65,423.11	466,415
8700	Distribution - Operation Supervision and Engineering	01001	Capital Labor	398,287.34	379,000.73	376,071.57	385,561.15	383,351.84	514,161.26	334,030.94	347,831.60	363,588.16	362,597.10	398,765.34	543,721.37	4,716,987
8700	Distribution - Operation Supervision and Engineering	01002	Capital Labor Contra	(397,445.71)	(387,798.34)	(385,633.11)	(378,794.70)	(384,083.42)	(524,178.98)	(339,710.55)	(346,420.06)	(372,981.75)	(365,201.85)	(372,130.18)	(547,458.40)	(4,784,018)
8700	Distribution - Operation Supervision and Engineering	01006	O&M Project Labor and Contra	359.82	398.44	528.01	1,244.40	(814.18)	518.50	1,232.06	-	-	1,197.66	(1,723.90)	-	2,939
8700	Distribution - Operation Supervision and Engineering	01008	Expense Labor Accrual	1,517.17	6,822.50	4,123.44	(646.47)	9,706.83	(16,069.60)	(907.16)	4,820.10	1,757.68	1,827.73	6,011.54	(13,506.81)	5,857
8700	Distribution - Operation Supervision and Engineering	01011	Capital Labor Transfer In	166,978.99	196,636.88	182,842.87	204,791.31	227,252.70	281,423.63	176,312.24	169,808.64	178,253.38	194,983.06	188,695.34	254,933.78	2,422,816
8700	Distribution - Operation Supervision and Engineering	01012	Capital Labor Transfer Out	(187,820.62)	(187,741.27)	(173,081.33)	(195,708.18)	(222,390.79)	(251,405.81)	(169,632.63)	(169,220.18)	(169,887.79)	(192,378.31)	(185,320.50)	(251,198.75)	(2,355,784)
8700	Distribution - Operation Supervision and Engineering	01013	Expense Labor Transfer In	2,082.97	1,707.93	1,611.69	(1,212.67)	(1,629.21)	991.58	1,809.98	-	(504.46)	1,286.38	(1,473.10)	83.60	4,754
8700	Distribution - Operation Supervision and Engineering	01014	Expense Labor Transfer Out	(358.82)	(398.44)	(628.01)	(1,244.40)	814.19	(518.50)	(1,232.08)	-	-	(1,197.66)	1,723.90	-	(2,939)
8700	Distribution - Operation Supervision and Engineering	01200	Benefits Load	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	02005	Non-Inventory Supplies	657.71	674.61	161.72	162.17	424.03	894.31	1,835.73	172.47	159.70	-	2,363.35	19.45	7,376
8700	Distribution - Operation Supervision and Engineering	03003	Capitalized transportation costs	(27.78)	-	(5.93)	-	-	-	-	-	-	-	-	-	(34)
8700	Distribution - Operation Supervision and Engineering	03004	Vehicle Expense	55.00	-	16.50	-	-	-	-	-	-	-	-	-	72
8700	Distribution - Operation Supervision and Engineering	04001	Safety, Newspaper	-	-	-	-	-	-	276.59	-	-	-	-	-	277
8700	Distribution - Operation Supervision and Engineering	04002	Required By Law, Safety	-	-	-	-	-	10.00	-	21.00	-	-	-	-	31

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8700	Engineering Distribution - Operation Supervision and	04021	Promo Other,Misc	-	-	-	-	-	-	-	147.87	-	-	-	148	
8700	Engineering Distribution - Operation Supervision and	04040	Community Rel&Trade Shows	-	-	-	-	-	-	-	-	102.83	52.32	-	155	
8700	Engineering Distribution - Operation Supervision and	04043	Employee Participation	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Engineering Distribution - Operation Supervision and	04044	Advertising	-	-	-	-	-	-	-	-	1,350.00	284.18	-	1,634	
8700	Engineering Distribution - Operation Supervision and	04046	Cust Relations & Assiat	-	-	185.20	-	-	-	-	-	-	-	-	186	
8700	Engineering Distribution - Operation Supervision and	04054	Postage - inserter	-	-	-	-	-	-	-	25.08	-	-	-	25	
8700	Engineering Distribution - Operation Supervision and	04112	Board Meeting Expenses	-	-	-	-	45.24	-	-	-	-	-	-	45	
8700	Engineering Distribution - Operation Supervision and	04148	Public Relations	-	-	-	-	-	200.00	-	-	-	-	-	200	
8700	Engineering Distribution - Operation Supervision and	04201	Software Maintenance	-	-	-	6,595.00	-	-	-	1,776.07	155.03	-	-	8,516	
8700	Engineering Distribution - Operation Supervision and	04212	IT Equipment Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Engineering Distribution - Operation Supervision and	04302	Heavy Equipment	-	-	-	-	200.75	-	-	-	-	-	8.60	210	
8700	Engineering Distribution - Operation Supervision and	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	(8.16)	(8)	
8700	Engineering Distribution - Operation Supervision and	04427	Wash & Grease	-	-	-	-	-	-	28.00	-	-	-	-	29	
8700	Engineering Distribution - Operation Supervision and	04582	Building Maintenance	-	-	-	-	-	150.00	215.11	9.53	-	44.10	-	419	
8700	Engineering Distribution - Operation Supervision and	04580	Utilities	1,884.28	448.08	1,135.11	632.98	1,742.17	420.34	8,007.01	5,908.77	6,357.11	6,265.78	8,359.12	7,768.41	48,909
8700	Engineering Distribution - Operation Supervision and	04592	Misc Rents	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Engineering Distribution - Operation Supervision and	04599	Capitalized Utility Costs	(1,077.99)	(267.66)	(538.28)	(320.73)	(736.19)	(171.49)	(3,894.01)	(3,004.61)	(3,283.59)	(3,273.47)	(4,417.71)	(3,834.99)	(24,819)
8700	Engineering Distribution - Operation Supervision and	05010	Office Supplies	3,059.54	3,278.70	4,543.68	2,428.62	2,888.71	4,897.15	4,451.20	3,098.77	2,310.29	3,620.42	3,371.43	2,360.39	40,508
8700	Engineering Distribution - Operation Supervision and	05111	Postage/Delivery Services	165.00	65.58	816.67	567.52	303.09	38.49	36.24	125.31	787.95	8.70	253.06	23.13	3,171
8700	Engineering Distribution - Operation Supervision and	05310	Monthly Lines and service	8,145.30	5,467.00	4,488.37	5,590.97	5,103.94	6,857.30	6,547.73	5,963.74	6,010.08	6,658.08	7,001.50	5,138.41	70,870
8700	Engineering Distribution - Operation Supervision and	05312	Long Distance	-	-	-	-	-	-	24.72	-	12.37	-	-	-	37
8700	Engineering Distribution - Operation Supervision and	05318	Telecom Maintenance & Repair	-	-	-	-	-	-	-	-	6,168.66	-	-	6,169	
8700	Engineering Distribution - Operation Supervision and	05323	Measurement & Meter Reading	597.82	287.21	372.50	431.82	593.97	642.69	433.44	376.39	484.17	392.89	644.88	67.82	5,335
8700	Engineering Distribution - Operation Supervision and	05331	WAN/LAN/Internet Service	1,172.30	812.95	692.60	692.65	1,181.07	1,580.14	900.07	1,543.25	1,487.57	1,517.33	2,634.46	533.00	14,718
8700	Engineering Distribution - Operation Supervision and	05364	Cellular, radio, pager charges	19,710.14	2,401.04	(2,401.03)	-	-	239.00	(239.00)	0.02	0.02	(0.02)	-	(0.02)	19,710
8700	Engineering Distribution - Operation Supervision and	05373	Call service - Field technicians	-	-	8,818.67	12,405.19	8,738.85	2,630.88	8,260.36	11,622.41	1,790.87	5,775.61	6,723.37	7,480.47	74,225
8700	Engineering Distribution - Operation Supervision and	05374	Cell svo-field tech supervisors	-	-	1,620.46	2,279.50	1,605.41	483.41	1,517.85	2,135.65	329.07	1,061.28	1,235.44	1,370.88	13,639
8700	Engineering Distribution - Operation Supervision and	05375	Call service - all others	-	-	1,911.84	2,689.52	1,894.19	570.38	1,790.91	2,519.83	388.28	1,252.20	1,457.67	1,817.48	16,092
8700	Engineering Distribution - Operation Supervision and	05376	Call service for MDT's, PC's, SCADA and others	-	-	116.59	23.77	-	-	-	-	-	-	-	-	140
8700	Engineering Distribution - Operation Supervision and	05377	Cell phone equipment and accessories	-	-	20.87	31.79	74.19	21.20	137.62	-	48.73	-	68.69	52.98	458
8700	Engineering Distribution - Operation Supervision and	05380	Video Conference	-	-	-	-	-	-	-	-	-	2,156.00	-	2,156	
8700	Engineering Distribution - Operation Supervision and	05399	Capitalized Telecom Costs	(13,333.76)	(4,247.90)	(7,085.24)	(11,120.31)	(8,848.06)	(5,821.82)	(8,894.47)	(11,586.25)	(8,352.92)	(9,211.51)	(9,803.00)	(8,054.11)	(106,348)
8700	Engineering Distribution - Operation Supervision and	05411	Meals & Entertainment	3,014.59	1,293.08	1,913.95	1,235.67	1,896.33	669.45	1,889.50	2,379.88	2,335.57	588.29	2,937.19	1,598.52	21,750
8700	Engineering Distribution - Operation Supervision and	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	5.01	35.82	41
8700	Engineering Distribution - Operation Supervision and	05413	Transportation	782.57	482.05	356.31	113.74	302.57	1,094.00	564.50	870.50	1,425.88	438.34	819.87	780.17	8,001
8700	Engineering Distribution - Operation Supervision and	05414	Lodging	1,918.98	636.84	684.58	593.02	581.46	1,163.97	2,560.74	1,233.87	3,459.63	761.28	1,413.34	445.64	15,393
8700	Engineering Distribution - Operation Supervision and	05415	Membership Fees	-	-	-	-	-	-	280.00	-	-	125.00	-	-	415
8700	Engineering Distribution - Operation Supervision and	05417	Club Dues - Deductible	-	-	-	-	-	40.00	-	3,000.00	-	-	50.00	3,090	
8700	Engineering Distribution - Operation Supervision and	05419	Misc Employee Expense	2,514.08	144.85	8,223.52	1,896.98	20,241.77	5,105.38	352.00	390.97	699.48	76.70	67,282.20	-	106,928
8700	Engineering Distribution - Operation Supervision and	05420	Employee Development	-	-	-	-	-	-	-	4.69	-	-	-	-	5
8700	Engineering Distribution - Operation Supervision and	05421	Training	-	-	-	227.57	-	-	-	1,601.28	-	-	-	-	1,829
8700	Engineering Distribution - Operation Supervision and	05424	Books & Manuals	-	-	-	(7.45)	-	-	-	-	-	-	-	-	(7)
8700	Engineering Distribution - Operation Supervision and	05425	Regulatory Compliance Training	-	-	-	-	-	-	-	-	-	-	-	-	-



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8750	Distribution - Measuring and Regulating Station Expenses - General	03003	Capitalized transportation costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8750	Distribution - Measuring and Regulating Station Expenses - General	03004	Vehicle Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8750	Distribution - Measuring and Regulating Station Expenses - General	04582	Building Maintenance	-	-	-	-	-	-	-	-	-	-	727.50	182.50	-	-	880
8750	Distribution - Measuring and Regulating Station Expenses - General	04590	Utilities	75.75	81.38	58.33	55.13	78.92	63.74	63.07	110.49	7.76	58.00	66.72	7.87	-	-	727
8750	Distribution - Measuring and Regulating Station Expenses - General	05010	Office Supplies	-	-	-	-	35.81	-	-	-	-	-	-	-	-	-	38
8750	Distribution - Measuring and Regulating Station Expenses - General	05111	Postage/Delivery Services	-	-	-	6.82	-	-	-	-	-	-	-	-	-	-	7
8750	Distribution - Measuring and Regulating Station Expenses - General	05411	Meals & Entertainment	108.24	-	236.39	195.17	-	-	298.33	32.80	211.48	12.38	180.98	228.54	-	-	1,480
8750	Distribution - Measuring and Regulating Station Expenses - General	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	50.22	-	-	-	50
8750	Distribution - Measuring and Regulating Station Expenses - General	05413	Transportation	-	-	-	-	-	-	-	-	-	14.29	-	-	-	-	14
8750	Distribution - Measuring and Regulating Station Expenses - General	06414	Lodging	-	-	582.92	143.03	-	247.26	688.14	59.34	-	188.74	-	-	-	-	1,900
8750	Distribution - Measuring and Regulating Station Expenses - General	05417	Club Dues - Deductible	-	-	-	-	-	-	-	-	-	18.72	-	-	-	-	19
8750	Distribution - Measuring and Regulating Station Expenses - General	05419	Misc Employee Expense	-	25.55	102.15	-	-	-	-	-	-	-	-	-	-	-	128
8750	Distribution - Measuring and Regulating Station Expenses - General	05421	Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8750	Distribution - Measuring and Regulating Station Expenses - General	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8750	Distribution - Measuring and Regulating Station Expenses - General	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	4,220.88	-	-	-	4,221
8750	Distribution - Measuring and Regulating Station Expenses - General	07443	Uniforms	-	-	-	-	-	-	119.98	-	-	-	-	-	-	-	120
8750	Distribution - Measuring and Regulating Station Expenses - General	07444	Uniforms Capitalized	-	-	-	-	-	-	(58.29)	-	-	-	-	-	-	-	(58)
8750	Distribution - Measuring and Regulating Station Expenses - General	07580	Misc General Expense	10,900.00	-	-	-	-	-	-	-	-	-	-	-	-	-	10,900
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01000	Non-project Labor	4,155.35	12,924.50	6,374.84	5,068.64	7,342.07	13,044.17	7,894.08	7,012.32	10,269.42	7,816.50	7,357.66	12,080.49	-	-	100,818
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01008	Expense Labor Accrual	(1,259.83)	4,010.97	(1,862.37)	(400.78)	2,352.80	(2,985.43)	134.22	488.69	2,329.79	(835.43)	851.07	(3,140.28)	-	-	(289)
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02001	Inventory Materials	708.84	1,340.80	851.14	708.51	216.16	203.81	748.99	-	578.63	942.58	529.36	816.03	-	-	7,841
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02004	Warehouse Loading Charge	99.24	187.88	118.17	98.92	-	58.80	104.67	-	81.01	131.96	74.11	-	-	-	955
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02005	Non-Inventory Supplies	3,825.89	220.71	-	147.38	399.61	118.65	57.79	-	55.01	-	145.94	102.89	-	-	5,074
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05010	Office Supplies	-	-	-	-	58.30	-	-	-	-	-	-	-	-	-	68
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05411	Meals & Entertainment	19.94	-	5.60	205.96	-	-	28.58	-	22.71	8.89	-	-	-	-	292
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05413	Transportation	19.93	-	5.60	10.79	-	-	-	-	-	-	-	-	-	-	38
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05414	Lodging	-	-	-	143.03	-	74.33	-	-	-	-	-	-	-	-	217
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05421	Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8770	Exp. - City Gate Chk. Sta.	01000	Non-project Labor	1,327.70	2,872.43	6,621.69	6,605.64	3,718.64	6,676.08	3,726.21	3,738.07	2,313.73	3,083.53	3,136.86	10,933.47	-	-	54,754
8770	Exp. - City Gate Chk. Sta.	01008	Expense Labor Accrual	(756.79)	817.04	2,161.87	322.28	(1,030.08)	(1,490.37)	5.20	377.36	(338.38)	539.07	499.86	(373.54)	-	-	734
8770	Exp. - City Gate Chk. Sta.	02001	Inventory Materials	1,053.87	577.28	1,219.88	1,142.14	222.12	488.91	1,288.62	-	857.36	1,042.36	1,155.35	1,251.01	-	-	10,307
8770	Exp. - City Gate Chk. Sta.	02004	Warehouse Loading Charge	147.54	80.82	170.79	159.88	-	99.27	181.79	-	120.02	145.93	181.75	20.47	-	-	1,288
8770	Exp. - City Gate Chk. Sta.	02005	Non-Inventory Supplies	271.35	1,008.68	1,114.13	113.00	2,158.62	163.92	214.55	3,710.48	2,683.14	-	654.71	1,311.48	-	-	13,400
8770	Exp. - City Gate Chk. Sta.	04580	Building Lease/Rents Capitalized	-	-	-	-	(5,198.71)	-	-	-	-	-	-	-	-	-	(5,199)
8770	Exp. - City Gate Chk. Sta.	04581	Building Lease/Rents	-	-	-	-	10,000.00	-	-	-	-	-	-	-	-	-	10,000
8770	Exp. - City Gate Chk. Sta.	04582	Building Maintenance	-	275.00	-	-	55.00	-	-	1,645.00	-	3,505.00	1,041.00	(561.00)	-	-	5,860
8770	Exp. - City Gate Chk. Sta.	04590	Utilities	288.29	3,082.42	634.59	504.46	739.35	1,059.16	443.31	1,255.98	820.01	319.83	894.64	42.11	-	-	9,832
8770	Exp. - City Gate Chk. Sta.	04592	Misc Rents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8770	Exp. - City Gate Chk. Sta.	04889	Land Rights	-	-	-	-	-	-	23.00	-	-	-	-	-	-	-	23
8770	Exp. - City Gate Chk. Sta.	05414	Lodging	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8770	Exp. - City Gate Chk. Sta.	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-





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8810	Distribution - Rents	04565	Railroad easements and crossings	-	-	147.50	-	-	814.27	-	-	-	-	-	762	
8810	Distribution - Rents	04590	Utilities	769.25	547.15	450.66	167.85	821.37	567.36	194.88	625.51	657.16	512.27	1,480.37	824.59	
8810	Distribution - Rents	04599	Capitalized Utility Costs	(10,184.41)	(4,888.65)	(8,658.80)	(3,213.69)	(8,511.57)	(6,177.31)	(4,879.84)	(9,189.38)	(6,704.43)	(6,773.31)	(9,726.38)	(88,150)	
8810	Distribution - Rents	05010	Office Supplies	-	-	-	-	-	97.01	51.28	-	-	-	24.32	289	
8810	Distribution - Rents	07499	Misc Employee Welfare Exp	-	-	-	139.97	-	-	-	-	-	-	-	137	
8810	Distribution - Rents	07590	Misc General Expense	-	-	-	-	-	-	700.00	-	-	-	-	700	
8850	Distribution - Maintenance Supervision and Engineering	01000	Non-project Labor	8,604.08	14,063.89	15,494.98	16,012.94	18,584.91	27,381.29	16,208.81	17,392.03	16,208.80	16,208.82	16,280.41	18,082.79	200,884
8850	Distribution - Maintenance Supervision and Engineering	01008	Expense Labor Accrual	(1,175.50)	3,424.53	2,121.98	1,059.60	4,188.33	(8,431.67)	299.06	2,082.17	1,158.59	810.46	2,488.44	(8,389.50)	(363)
8850	Distribution - Maintenance Supervision and Engineering	02005	Non-Inventory Supplies	-	-	-	-	-	8.88	-	-	-	-	-	19.45	26
8850	Distribution - Maintenance Supervision and Engineering	03003	Capitalized transportation costs	-	-	-	-	-	-	-	-	-	-	-	-	
8850	Distribution - Maintenance Supervision and Engineering	03004	Vehicle Expense	-	-	-	-	-	-	-	-	-	-	-	-	
8850	Distribution - Maintenance Supervision and Engineering	04046	Cust Relations & Assist	-	-	-	-	-	-	-	-	551.20	-	-	551	
8850	Distribution - Maintenance Supervision and Engineering	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	9.59	10
8850	Distribution - Maintenance Supervision and Engineering	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	(8.15)	(8)
8850	Distribution - Maintenance Supervision and Engineering	04413	Fuel - Diesel	-	-	-	-	-	-	-	-	11.50	-	-	-	12
8850	Distribution - Maintenance Supervision and Engineering	04582	Building Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	
8850	Distribution - Maintenance Supervision and Engineering	05010	Office Supplies	25.52	-	-	-	-	-	-	-	21.75	-	-	-	47
8850	Distribution - Maintenance Supervision and Engineering	05111	Postage/Delivery Services	204.07	34.01	217.82	142.64	23.98	168.23	152.23	188.05	315.01	88.04	203.26	654.91	2,391
8850	Distribution - Maintenance Supervision and Engineering	05411	Meas & Entertainment	1,442.37	534.08	532.95	1,147.21	1,205.72	380.47	1,018.37	928.78	1,425.90	263.73	528.77	791.16	10,201
8850	Distribution - Maintenance Supervision and Engineering	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	5.61	-	6
8850	Distribution - Maintenance Supervision and Engineering	05413	Transportation	68.08	437.97	67.68	-	-	-	-	-	-	-	-	-	572
8850	Distribution - Maintenance Supervision and Engineering	05414	Lodging	408.09	378.30	339.18	500.29	137.38	82.25	555.10	387.23	732.19	140.53	89.00	-	3,738
8850	Distribution - Maintenance Supervision and Engineering	05418	Misc Employee Expense	132.55	30.87	92.20	523.56	116.58	-	-	-	-	-	-	-	899
8850	Distribution - Maintenance Supervision and Engineering	05427	Technical (Job Skills) Training	-	-	-	-	-	-	157.50	-	-	-	-	-	158
8850	Distribution - Maintenance Supervision and Engineering	05428	Computer Skills & Systems Training	-	-	-	-	-	47.98	-	-	-	-	-	-	48
8850	Distribution - Maintenance Supervision and Engineering	07120	Environmental & Safety	-	-	-	-	-	-	-	-	-	-	-	-	
8850	Distribution - Maintenance Supervision and Engineering	07498	Misc Employee Welfare Exp	-	-	-	-	-	-	-	6.86	-	28.47	-	-	33
8850	Distribution - Maintenance Supervision and Engineering	07590	Misc General Expense	-	-	-	-	-	-	-	8.36	-	-	7.31	-	16
8860	Distribution - Maintenance of Structures and Improvements	02005	Non-Inventory Supplies	61.57	-	-	-	-	-	-	-	-	-	-	64.62	128
8860	Distribution - Maintenance of Structures and Improvements	04582	Building Maintenance	480.00	305.93	691.60	213.07	1,543.49	1,438.48	1,899.48	246.28	850.98	1,388.39	554.82	980.00	10,603
8870	Distribution - Maintenance of Mains	01000	Non-project Labor	4,160.73	2,933.39	3,779.34	3,672.41	2,580.22	5,117.95	2,835.33	2,489.52	3,329.07	3,684.12	5,112.33	5,109.61	44,684
8870	Distribution - Maintenance of Mains	01008	Expense Labor Accrual	(217.84)	133.14	716.33	75.15	(172.67)	(939.15)	(2.40)	145.19	668.75	361.73	1,552.35	(2,727.02)	(405)
8870	Distribution - Maintenance of Mains	02001	Inventory Materials	305.95	161.23	326.18	143.80	21.66	137.52	125.88	-	161.55	359.99	68.16	43.65	1,845
8870	Distribution - Maintenance of Mains	02004	Warehouse Loading Charge	42.83	21.17	45.66	20.10	-	22.30	17.82	-	22.62	50.40	9.54	-	252
8870	Distribution - Maintenance of Mains	02005	Non-Inventory Supplies	18.95	9.52	212.75	21.32	-	283.79	2,571.74	-	9.49	-	-	-	3,138
8870	Distribution - Maintenance of Mains	04582	Building Maintenance	-	84.95	30.00	-	-	-	-	-	-	-	-	-	115
8870	Distribution - Maintenance of Mains	04585	Railroad easements and crossings	-	15.00	-	-	-	-	-	-	-	-	-	-	15
8870	Distribution - Maintenance of Mains	05312	Long Distance	-	-	-	-	-	-	-	-	-	4.89	-	-	5
8870	Distribution - Maintenance of Mains	05359	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	(2.58)	-	-	15
8870	Distribution - Maintenance of Mains	05411	Meas & Entertainment	-	-	-	-	-	12.39	24.65	-	357.35	75.39	-	91.55	561
8870	Distribution - Maintenance of Mains	05414	Lodging	-	-	-	-	-	-	37.08	-	181.86	112.02	-	-	331
8870	Distribution - Maintenance of Mains	06111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	-	
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01000	Non-project Labor	889.12	443.38	-	110.84	-	221.08	411.01	3,751.08	443.36	1,544.20	2,521.48	5,702.71	18,019
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01008	Expense Labor Accrual	199.17	(39.94)	(177.34)	60.96	(80.96)	36.95	86.35	1,377.14	(1,278.78)	627.83	915.73	(814.59)	932
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02001	Inventory Materials	21.19	-	23.34	-	-	-	77.94	-	11.84	-	50.85	-	185
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02004	Warehouse Loading Charge	2.97	-	3.27	-	-	-	10.91	-	1.87	-	7.12	-	28
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02005	Non-Inventory Supplies	21.16	-	-	-	-	1,777.59	2,868.02	-	1,025.42	-	1,570.57	-	7,283
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	04306	Parts	-	-	-	-	-	-	-	-	-	-	-	-	
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	06111	Contract Labor	-	-	-	-	-	-	-	-	-	10,658.40	3,828.00	14,385	
8900	Distribution - Maint. of Measuring and Regulating Station Equip. - Industrial	02005	Non-Inventory Supplies	-	-	455.00	27.30	19.88	35.23	2,835.55	114.74	-	-	334.30	-	3,622
8900	Distribution - Maint. of Measuring and Regulating Station Equip. - Industrial	06111	Contract Labor	-	-	-	-	-	-	-	-	-	-	2,103.00	-	2,103
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01000	Non-project Labor	-	-	-	529.12	-	-	-	-	-	-	-	-	529

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8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01008	Expense Labor Accrual	-	-	-	291.02	(291.02)	-	-	-	-	-	-	-	-
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	02005	Non-Inventory Supplies	-	-	3.97	240.18	-	-	2,634.10	201.40	-	-	-	-	3,080
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04302	Heavy Equipment	90.00	-	-	-	-	-	-	-	-	-	-	-	90
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04307	Heavy Equipment Capitalized	(78.50)	-	-	-	-	-	-	-	-	-	-	-	(77)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	06111	Contract Labor	2,577.25	-	-	-	-	-	-	-	-	-	3,334.00	2,000.00	7,911
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	07590	Misc General Expense	7,855.80	82.59	-	-	-	-	-	-	-	-	-	-	7,938
8920	Distribution - Maintenance of Services	01000	Non-project Labor	2,274.39	2,576.20	3,259.10	3,987.58	4,026.10	5,709.81	3,811.59	3,666.99	5,406.98	4,141.25	3,910.73	5,492.31	47,946
8920	Distribution - Maintenance of Services	01008	Expense Labor Accrual	(93.28)	461.87	599.07	552.81	638.21	(1,868.73)	131.84	343.31	1,278.70	(425.80)	459.81	(1,822.11)	254
8920	Distribution - Maintenance of Services	02005	Non-Inventory Supplies	22.48	-	-	-	-	-	-	-	-	-	-	-	22
8920	Distribution - Maintenance of Services	05312	Long Distance	-	-	-	-	-	-	-	-	-	5.00	-	-	5
8920	Distribution - Maintenance of Services	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	(2.59)	-	-	(3)
8920	Distribution - Maintenance of Services	05411	Meals & Entertainment	47.10	4.81	-	-	-	12.39	24.65	-	357.32	75.37	-	91.63	813
8920	Distribution - Maintenance of Services	05413	Transportation	-	10.09	-	-	9.50	-	-	-	-	-	-	-	20
8920	Distribution - Maintenance of Services	05414	Lodging	-	-	-	-	-	-	37.09	-	181.88	112.02	-	-	331
8930	Distribution - Maintenance of Meters and House Regulators	01000	Non-project Labor	-	-	-	-	-	336.14	-	-	-	-	-	-	336
8930	Distribution - Maintenance of Meters and House Regulators	01008	Expense Labor Accrual	-	-	-	-	-	56.02	(56.02)	-	-	-	-	-	-
8930	Distribution - Maintenance of Meters and House Regulators	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
8940	Distribution - Maintenance of Other Equipment	02005	Non-Inventory Supplies	2,656.38	1,141.70	1,653.08	1,811.40	3,537.21	1,535.39	806.37	2,307.96	1,201.35	1,690.59	1,659.60	1,122.49	21,121
8940	Distribution - Maintenance of Other Equipment	04302	Heavy Equipment	-	-	-	-	-	4.11	-	41.58	-	70.00	48.54	28.26	190
8940	Distribution - Maintenance of Other Equipment	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	(35.34)	-	(59.50)	(39.69)	(24.02)	(159)
8940	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	-	105.94	-	-	-	-	-	-	-	-	-	106
8940	Distribution - Maintenance of Other Equipment	05373	Call service - Field technicians	-	-	-	-	-	-	-	-	-	884.30	0.01	341.63	1,026
8940	Distribution - Maintenance of Other Equipment	05374	Cell svc-field tech supervisors	-	-	-	-	-	-	-	-	-	125.74	-	62.78	189
8940	Distribution - Maintenance of Other Equipment	05375	Call service - all others	-	-	-	-	-	-	-	-	-	148.38	-	74.07	222
8940	Distribution - Maintenance of Other Equipment	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	(495.64)	-	(246.45)	(742)
8940	Distribution - Maintenance of Other Equipment	09911	Reimbursements	-	-	-	-	-	-	-	-	-	-	-	-	-
8950	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
9010	Customer Accounts - Supervision	02005	Non-Inventory Supplies	53.00	-	-	-	-	-	-	-	-	-	-	-	53
9010	Customer Accounts - Supervision	05010	Office Supplies	-	-	23.78	-	-	-	-	-	-	-	-	-	24
9020	Customer Accounts - Meter Reading Expense	01000	Non-project Labor	24,637.35	58,910.15	68,277.22	68,414.19	59,043.10	105,661.64	88,004.80	62,881.64	37,677.13	46,289.03	48,359.19	74,011.80	720,387
9020	Customer Accounts - Meter Reading Expense	01008	Expense Labor Accrual	(5,589.68)	16,604.73	11,374.59	3,489.19	3,702.39	(23,686.58)	2,757.84	4,751.19	(6,314.07)	6,620.40	6,382.46	(21,516.13)	608
9020	Customer Accounts - Meter Reading Expense	02005	Non-Inventory Supplies	552.98	-	39.05	135.33	41.27	5.29	15.89	60.19	10.58	-	27.38	231.59	1,120
9020	Customer Accounts - Meter Reading Expense	03003	Capitalized transportation costs	-	(16.48)	-	-	-	-	-	-	-	(14.61)	-	-	(31)
9020	Customer Accounts - Meter Reading Expense	03004	Vehicle Expense	-	31.00	-	-	-	-	-	-	-	-	30.60	-	62
9020	Customer Accounts - Meter Reading Expense	04590	Utilities	17.04	17.04	17.04	47.04	79.26	17.04	17.04	47.04	17.04	17.04	17.04	47.04	357
9020	Customer Accounts - Meter Reading Expense	05010	Office Supplies	-	-	-	-	-	245.00	-	-	-	-	-	-	245
9020	Customer Accounts - Meter Reading Expense	05111	Postage/Delivery Services	-	-	-	5.21	-	-	5.21	4.80	-	-	-	-	16
9020	Customer Accounts - Meter Reading Expense	05411	Meals & Entertainment	-	184.54	94.97	-	-	296.28	258.39	-	205.95	-	-	-	1,040
9020	Customer Accounts - Meter Reading Expense	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	-	-	-
9020	Customer Accounts - Meter Reading Expense	05413	Transportation	-	-	-	-	-	2,142.36	662.78	-	580.29	-	260.32	-	3,648
9020	Customer Accounts - Meter Reading Expense	05414	Lodging	-	-	488.08	-	-	736.59	852.33	-	330.66	290.78	440.88	-	3,139
9020	Customer Accounts - Meter Reading Expense	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
9020	Customer Accounts - Meter Reading Expense	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	-	-
9020	Customer Accounts - Meter Reading Expense	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	3,211.11	3,211
9020	Customer Accounts - Meter Reading Expense	07499	Misc Employee Welfare Exp	-	-	-	-	-	-	-	-	-	-	-	-	-
9030	Customer Accounts - Customer Records and Collection Expenses	01000	Non-project Labor	6,155.69	5,586.97	6,889.41	4,322.20	5,645.59	9,427.01	14,144.94	13,781.09	17,993.10	11,684.19	6,335.76	10,710.23	112,556
9030	Customer Accounts - Customer Records and Collection Expenses	01008	Expense Labor Accrual	220.49	695.85	1,199.94	(1,057.62)	1,574.70	(2,380.75)	2,872.34	1,268.92	3,484.16	(2,625.29)	(1,839.25)	(2,649.99)	467
9030	Customer Accounts - Customer Records and Collection Expenses	04590	Utilities	1,224.26	822.37	323.23	681.35	206.78	253.72	(121.40)	157.73	192.47	210.57	623.33	413.16	4,988

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9030	Customer Accounts - Customer Records and Collection Expenses	05010 Office Supplies	1,132.48	538.24	1,503.03	679.16	1,094.14	1,027.18	284.45	281.27	1,083.29	-	661.70	1,429.21	9,892
9030	Customer Accounts - Customer Records and Collection Expenses	05111 Postage/Delivery Services	43.64	2.67	6.47	151.91	18.41	10.06	134.91	31.34	55.52	-	75.40	-	530
9030	Customer Accounts - Customer Records and Collection Expenses	05411 Meals & Entertainment	-	-	-	-	-	-	-	-	-	-	-	-	-
9030	Customer Accounts - Customer Records and Collection Expenses	05415 Membership Fees	-	-	-	-	-	-	-	-	-	100.00	-	-	100
9030	Customer Accounts - Customer Records and Collection Expenses	08112 Collection Fees	1,802.82	1,534.35	3,059.75	1,602.89	1,940.59	11,219.40	4,773.04	16,891.70	13,144.44	9,828.28	15,965.68	15,255.44	97,116
9030	Customer Accounts - Customer Records and Collection Expenses	08116 Bill Print Fees	74,859.46	83,950.48	89,748.80	74,465.75	80,693.07	(328,855.90)	-	-	1,282.24	835.35	609.23	-	77,188
9030	Customer Accounts - Customer Records and Collection Expenses	07499 Misc Employee Welfare Exp	15.49	-	19.00	-	42.40	73.70	-	33.92	19.78	-	42.40	204.28	451
9030	Customer Accounts - Customer Records and Collection Expenses	07590 Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
9040	Customer Accounts - Uncollectible Accounts	09927 Cust Uncol Acct-Write Off	588,078.69	43,284.00	81,040.00	142,320.00	218,788.00	135,067.00	(180,908.04)	72,888.00	45,168.00	38,371.00	37,365.00	35,638.00	1,255,141
9050	Customer Accounts - Miscellaneous Customer Accounts Expense	05010 Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	01000 Non-project Labor	1,809.72	1,853.70	3,222.15	3,342.93	3,342.91	5,014.38	3,342.90	3,342.91	3,342.92	3,342.89	3,342.95	5,014.37	40,312
9070	Customer Service and Informational - Supervision	01008 Expense Labor Accrual	10.28	289.80	869.60	227.53	501.43	(1,504.30)	167.13	334.29	334.30	167.13	501.47	(1,504.33)	394
9070	Customer Service and Informational - Supervision	04044 Advertising	-	251.87	-	-	-	-	-	-	50.00	-	-	-	302
9070	Customer Service and Informational - Supervision	04046 Cust Relations & Assis	-	-	-	-	-	70.00	-	-	-	-	1,678.00	495.67	2,243
9070	Customer Service and Informational - Supervision	05010 Office Supplies	-	-	-	-	-	-	-	-	-	-	17.99	18	
9070	Customer Service and Informational - Supervision	05111 Postage/Delivery Services	-	-	-	-	-	4.69	-	-	-	-	-	5	
9070	Customer Service and Informational - Supervision	05312 Long Distance	-	-	-	-	-	-	-	-	-	-	0.59	1	
9070	Customer Service and Informational - Supervision	05331 WAN/LAN/Internet Service	-	-	-	-	-	3.98	-	-	-	-	-	4	
9070	Customer Service and Informational - Supervision	05399 Capitalized Telecom Costs	-	-	-	-	-	(1.91)	-	-	-	-	(0.30)	(2)	
9070	Customer Service and Informational - Supervision	05411 Meals & Entertainment	154.04	182.19	383.34	417.34	95.36	2,377.65	41.60	2,071.84	287.58	482.52	240.49	15.14	6,749
9070	Customer Service and Informational - Supervision	05412 Spousal & Dependent Travel	-	-	-	-	-	60.77	-	71.25	50.95	20.00	24.88	-	228
9070	Customer Service and Informational - Supervision	05413 Transportation	412.66	323.71	459.59	970.85	425.78	1,895.67	159.58	1,047.17	808.05	1,419.84	1,423.47	54.82	9,381
9070	Customer Service and Informational - Supervision	05414 Lodging	540.89	482.98	478.93	404.31	285.59	1,337.78	224.72	591.81	243.50	592.32	1,348.93	67.03	6,576
9070	Customer Service and Informational - Supervision	05419 Misc Employee Expense	8.45	432.82	-	-	-	-	-	18.00	-	-	99.98	-	560
9070	Customer Service and Informational - Supervision	05424 Books & Manuals	-	-	-	-	-	-	-	-	-	82.35	-	82	
9070	Customer Service and Informational - Supervision	07590 Misc General Expense	-	-	-	-	-	-	-	11.94	-	-	-	12	
9080	Customer Service and Informational - Customer Assistance Expenses	01000 Non-project Labor	4,631.45	5,098.55	6,572.34	8,119.88	9,192.40	12,315.81	8,349.40	7,800.57	8,220.72	9,018.48	9,699.79	13,041.33	102,199
9080	Customer Service and Informational - Customer Assistance Expenses	01008 Expense Labor Accrual	198.01	906.58	1,248.75	1,179.84	1,968.87	(4,382.04)	452.18	815.41	980.13	848.71	1,998.78	(4,784.29)	1,239
9080	Customer Service and Informational - Customer Assistance Expenses	04044 Advertising	-	-	-	-	-	-	-	-	-	75.00	-	75	
9080	Customer Service and Informational - Customer Assistance Expenses	04046 Cust Relations & Assist	-	-	-	-	-	-	-	-	-	18.16	33.45	15.58	68
9080	Customer Service and Informational - Customer Assistance Expenses	05010 Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	
9080	Customer Service and Informational - Customer Assistance Expenses	05111 Postage/Delivery Services	-	-	-	-	-	-	24.02	-	48.36	-	-	73	
9080	Customer Service and Informational - Customer Assistance Expenses	05312 Long Distance	-	-	-	-	-	-	-	-	-	-	0.59	1	
9080	Customer Service and Informational - Customer Assistance Expenses	05399 Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	(0.30)	(0)	
9080	Customer Service and Informational - Customer Assistance Expenses	05411 Meals & Entertainment	392.42	104.99	1,238.48	203.59	123.70	148.72	66.98	68.18	-	185.55	872.20	131.50	3,334
9080	Customer Service and Informational - Customer Assistance Expenses	05412 Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	1,530.00	-	1,530	
9080	Customer Service and Informational - Customer Assistance Expenses	05413 Transportation	1,928.52	507.06	1,339.43	2,771.29	997.50	878.78	832.82	1,040.60	503.99	1,042.28	1,364.12	732.72	13,937
9080	Customer Service and Informational - Customer Assistance Expenses	05414 Lodging	91.00	249.00	237.32	220.12	330.94	440.52	-	121.13	335.31	10.67	848.48	286.64	3,171
9080	Customer Service and Informational - Customer Assistance Expenses	05417 Club Dues - Deductible	-	-	-	-	-	32.47	-	-	-	-	-	32	
9080	Customer Service and Informational - Customer Assistance Expenses	05419 Misc Employee Expense	303.71	1.88	128.58	143.39	105.00	11.79	-	-	-	-	-	692	
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	01000 Non-project Labor	855.18	929.91	1,497.41	2,313.32	2,313.33	3,296.48	2,313.33	2,313.32	2,081.99	2,313.32	2,313.32	3,469.99	26,011
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	01008 Expense Labor Accrual	(130.41)	168.17	376.75	523.82	347.00	(1,089.92)	144.59	231.33	115.67	231.33	348.99	(1,040.99)	234

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9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04021	Promo Other,Misc	-	-	-	-	-	-	-	700.00	-	-	700		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04040	Community Rel&Trade Shows	-	-	-	-	489.70	-	-	447.50	-	187.18	1,134		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04044	Advertising	-	-	-	-	474.63	295.00	250.12	75.00	435.00	400.00	1,930		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04046	Cust Relations & Assist	-	-	-	82.81	-	1,325.16	254.99	-	381.83	188.16	3,870		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05010	Office Supplies	55.31	-	-	20.22	121.30	205.01	52.44	384.02	325.26	651.80	2,060		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	-	49.76	50		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05413	Transportation	-	-	-	-	-	-	-	-	-	7.14	7		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05414	Lodging	-	-	-	-	-	-	-	-	-	-	-		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05418	Club Dues - Nondeductible	-	-	-	-	-	-	-	55.00	-	-	55		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05417	Club Dues - Deductible	-	-	-	-	-	-	-	-	-	-	-		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-		
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	07590	Misc General Expense	-	-	-	1,494.00	157.00	-	8.42	-	-	133.02	1,793		
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04040	Community Rel&Trade Shows	-	-	-	-	-	-	-	-	-	28.49	28		
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	-	-		
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04046	Cust Relations & Assist	-	-	-	-	-	-	-	-	-	-	-		
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	05010	Office Supplies	-	-	-	-	-	-	-	-	-	14.65	15		
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	07499	Misc Employee Welfare Exp	-	-	-	-	-	-	-	-	-	7.78	8		
9110	Sales - Supervision	01000	Non-project Labor	231.26	243.88	382.77	614.51	614.52	898.33	614.53	614.52	583.25	614.52	614.54	6,948	
9110	Sales - Supervision	01008	Expense Labor Accrual	23.92	39.72	83.85	146.59	92.18	(280.44)	34.84	61.45	45.82	46.36	92.19	120	
9110	Sales - Supervision	03003	Capitalized transportation costs	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	03004	Vehicle Expense	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	04021	Promo Other,Misc	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	04022	Promo Sales, Misc	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	04040	Community Rel&Trade Shows	-	600.00	-	-	-	-	-	857.43	337.00	-	58.00	1,893	
9110	Sales - Supervision	04046	Cust Relations & Assist	1,930.54	14,126.87	1,681.96	148.72	-	314.04	25.72	438.17	1,207.72	3,038.42	645.46	23,538	
9110	Sales - Supervision	05010	Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	0.59	1	
9110	Sales - Supervision	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	(0.30)	(0)	
9110	Sales - Supervision	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	8.07	6.84	5.81	21	
9110	Sales - Supervision	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	05413	Transportation	-	-	-	-	-	-	-	-	61.28	0.96	54.82	117	
9110	Sales - Supervision	05414	Lodging	-	-	-	-	-	-	-	-	10.67	-	20.00	31	
9110	Sales - Supervision	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	05420	Employee Development	-	-	-	-	-	-	-	-	-	-	-	-	
9110	Sales - Supervision	05421	Training	-	-	-	-	-	-	-	-	-	-	-	-	
9120	Sales - Demonstrating and Selling Expenses	01000	Non-project Labor	1,922.39	1,787.37	2,387.33	3,403.32	4,285.50	4,698.47	3,328.05	3,046.57	3,201.86	3,988.09	4,897.82	7,633.17	44,558
9120	Sales - Demonstrating and Selling Expenses	01008	Expense Labor Accrual	(908.40)	234.36	478.72	678.18	1,128.02	(2,216.77)	214.73	220.62	382.35	581.47	1,245.01	(2,158.06)	(117)
9120	Sales - Demonstrating and Selling Expenses	04017	Promo Sales, Consumer Rel	-	-	-	-	-	-	-	11.64	-	-	-	12	
9120	Sales - Demonstrating and Selling Expenses	04021	Promo Other,Misc	-	-	-	-	-	-	720.00	725.00	1,300.00	3,885.00	403.69	8,034	
9120	Sales - Demonstrating and Selling Expenses	04040	Community Rel&Trade Shows	549.00	830.74	2,711.72	989.78	2,075.70	7,448.85	2,580.74	3,048.10	75.00	934.36	2,891.08	27,772	
9120	Sales - Demonstrating and Selling Expenses	04044	Advertising	-	287.60	-	-	456.70	-	-	-	-	-	-	724	
9120	Sales - Demonstrating and Selling Expenses	04046	Cust Relations & Assist	6,096.75	7,238.59	4,337.13	5,778.80	18,325.74	10,160.11	7,303.24	10,912.14	7,111.12	3,353.37	5,563.47	3,821.72	90,002
9120	Sales - Demonstrating and Selling Expenses	05010	Office Supplies	72.34	61.35	213.27	-	35.56	520.34	-	-	38.30	120.83	-	1,060	
9120	Sales - Demonstrating and Selling Expenses	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	1.64	2	
9120	Sales - Demonstrating and Selling Expenses	05373	Call service - Field technicians	-	-	22.70	-	-	-	-	-	-	22.70	-	45	
9120	Sales - Demonstrating and Selling Expenses	05374	Cell svc-field tech supervisors	-	-	4.17	-	-	-	-	-	-	4.17	-	8	
9120	Sales - Demonstrating and Selling Expenses	05375	Call service - all others	-	-	4.92	-	-	-	-	-	-	4.92	-	10	
9120	Sales - Demonstrating and Selling Expenses	05399	Capitalized Telecom Costs	-	-	(15.36)	-	-	-	-	-	-	-	(16.62)	(33)	
9120	Sales - Demonstrating and Selling Expenses	05411	Meals & Entertainment	-	-	-	-	-	16.00	3.99	54.65	-	120.62	54.37	290	
9120	Sales - Demonstrating and Selling Expenses	05413	Transportation	-	-	-	-	-	-	-	-	-	368.58	202.94	1,011	
9120	Sales - Demonstrating and Selling Expenses	05414	Lodging	-	-	-	-	-	-	-	-	-	20.74	318.78	559	
9120	Sales - Demonstrating and Selling Expenses	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	
9120	Sales - Demonstrating and Selling Expenses	05420	Employee Development	-	-	-	-	-	-	-	-	-	1,785.00	-	1,785	



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8160	Natural gas storage - Wells expense	01000	Non-project Labor	874	2,488	2,901	3,388	5,490	4,681	4,460	4,371	3,254	3,865	8,319	3,927	47,989
8160	Natural gas storage - Wells expense	01008	Expense Labor Accrual	(287)	938	207	762	(1,288)	250	396	406	(340)	692	(933)	(208)	585
8160	Natural gas storage - Wells expense	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	312	319
8160	Natural gas storage - Wells expense	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	45	45
8160	Natural gas storage - Wells expense	02005	Non-Inventory Supplies	135	93	31	67	177	(14)	769	415	-	612	22	145	2,452
8160	Natural gas storage - Wells expense	03003	Capitalized transportation costs	-	-	-	-	-	-	-	-	-	-	-	-	-
8160	Natural gas storage - Wells expense	03004	Vehicle Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
8160	Natural gas storage - Wells expense	04590	Utilities	(256)	(1,405)	(2,673)	(328)	(192)	(319)	(457)	(298)	(319)	(258)	(319)	(1,522)	(8,344)
8160	Natural gas storage - Wells expense	06111	Contract Labor	280	-	-	-	-	-	-	-	-	-	187	-	447
8170	Natural gas storage - Lines expense	01000	Non-project Labor	1,288	1,477	2,043	2,876	4,241	3,734	5,623	3,113	3,170	2,325	4,920	2,348	37,134
8170	Natural gas storage - Lines expense	01008	Expense Labor Accrual	(37)	295	283	848	(1,162)	227	1,034	(587)	184	(190)	(575)	(118)	223
8170	Natural gas storage - Lines expense	02005	Non-Inventory Supplies	-	-	3,153	102	2,226	-	535	-	-	-	1,045	-	7,081
8170	Natural gas storage - Lines expense	04590	Utilities	-	-	17	-	27	-	-	-	23	-	-	-	68
8180	Natural gas storage - Compressor station expenses	01000	Non-project Labor	1,598	2,552	88	709	1,780	2,802	2,107	4,271	2,876	5,138	6,459	2,081	32,422
8180	Natural gas storage - Compressor station expenses	01008	Expense Labor Accrual	(294)	717	(1,232)	416	(187)	407	37	1,184	(484)	1,845	(2,006)	(458)	(235)
8180	Natural gas storage - Compressor station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	685	-	(230)	12	-	468
8180	Natural gas storage - Compressor station expenses	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	96	-	(32)	2	-	65
8180	Natural gas storage - Compressor station expenses	02005	Non-Inventory Supplies	2,647	689	190	149	1,850	(60)	821	882	309	524	1,885	414	10,389
8180	Natural gas storage - Compressor station expenses	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	32	32
8180	Natural gas storage - Compressor station expenses	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	(27)	(27)
8180	Natural gas storage - Compressor station expenses	04421	Oil & Filters	-	-	-	-	-	-	-	-	-	-	-	685	685
8180	Natural gas storage - Compressor station expenses	05111	Postage/Delivery Services	-	7	-	-	-	-	-	-	-	-	-	-	7
8180	Natural gas storage - Compressor station expenses	06111	Contract Labor	84	156	166	60	280	401	170	280	212	355	-	845	2,768
8180	Natural gas storage - Compressor station fuel and power	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	42	42
8190	Natural gas storage - Measuring and regulating station expenses	04590	Utilities	56	65	59	61	57	54	80	67	84	79	66	64	772
8200	Natural gas storage - Measuring and regulating station expenses	01000	Non-project Labor	1,776	605	403	1,653	3,193	2,847	1,031	895	341	576	1,019	1,153	15,293
8200	Natural gas storage - Measuring and regulating station expenses	01008	Expense Labor Accrual	439	(319)	(101)	873	(542)	130	(301)	42	(232)	175	(178)	176	164
8200	Natural gas storage - Measuring and regulating station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	-	-
8200	Natural gas storage - Measuring and regulating station expenses	02004	Warehouse Loading Charge	14	-	-	-	-	-	-	-	-	-	-	-	14
8200	Natural gas storage - Measuring and regulating station expenses	02005	Non-Inventory Supplies	11	-	-	-	-	419	-	-	-	-	-	776	1,206
8200	Natural gas storage - Purification expenses	04590	Utilities	38	21	38	206	248	188	217	150	99	35	31	3	1,270
8210	Natural gas storage - Purification expenses	01000	Non-project Labor	75	109	335	4,288	8,094	6,581	3,157	338	212	142	988	813	25,109
8210	Natural gas storage - Purification expenses	01008	Expense Labor Accrual	(160)	28	113	2,620	(1,438)	291	(535)	(954)	(45)	(21)	80	79	57
8210	Natural gas storage - Purification expenses	02005	Non-Inventory Supplies	987	1,814	150	239	1,352	2,158	950	-	-	-	-	2,025	9,656
8210	Natural gas storage - Purification expenses	04590	Utilities	85	153	107	113	100	113	181	215	163	153	27	39	1,447
8210	Natural gas storage - Purification expenses	06111	Contract Labor	130	-	-	520	-	130	-	704	-	-	-	-	1,484
8240	Natural gas storage - Other expenses	01000	Non-project Labor	-	-	-	370	-	-	-	-	-	-	-	-	370
8240	Natural gas storage - Other expenses	01008	Expense Labor Accrual	-	-	-	240	(240)	-	-	-	-	-	-	-	-
8240	Natural gas storage - Other expenses	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-	112	112
8240	Natural gas storage - Other expenses	04590	Utilities	-	-	-	-	-	-	-	-	-	-	-	18	108
8240	Natural gas storage - Other expenses	05111	Postage/Delivery Services	-	-	-	-	-	-	-	-	-	-	-	28	28
8240	Natural gas storage - Other expenses	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	-	-	18	-	18
8250	Natural gas storage - Storage wells royalties	04580	Building Lease/Rent Capitalized	(243)	(130)	(29)	(29)	(69)	(11)	-	(15)	(47)	(347)	(75)	(30)	(1,022)
8250	Natural gas storage - Storage wells royalties	04581	Building Lease/Rent	565	837	82	126	363	74	-	80	170	1,025	372	170	3,664
8250	Natural gas storage - Storage wells royalties	04590	Utilities	345	254	1,027	1,532	3,880	2,339	2,016	793	292	227	74	78	12,858
8250	Natural gas storage - Storage wells royalties	07590	Misc General Expense	42	12	92	314	353	377	309	121	83	32	-	6	1,740
8310	Natural gas storage - Maintenance of structures	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	58	-	24	82
8310	Natural gas storage - Maintenance of structures	04582	Building Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
8310	Natural gas storage - Maintenance of structures and wells	06111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	1,979	1,979
8320	Natural gas storage - Maintenance of compressor station equipment	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
8340	Natural gas storage - Maintenance of compressor station equipment	01000	Non-project Labor	43	68	88	123	601	440	460	598	370	133	3,140	4,478	10,580
8340	Natural gas storage - Maintenance of compressor station equipment	01008	Expense Labor Accrual	(2)	18	11	35	20	10	58	101	(84)	(105)	443	820	1,326
8340	Natural gas storage - Maintenance of measuring equipment	02005	Non-Inventory Supplies	-	-	-	-	-	7	56	-	-	-	697	224	1,254
8350	Natural gas storage - Maintenance of measuring equipment	01000	Non-project Labor	-	-	-	-	-	-	-	438	545	-	-	-	981
8350	Natural gas storage - Maintenance of measuring equipment	01008	Expense Labor Accrual	(35)	-	-	-	-	-	-	198	76	(273)	-	-	(35)
8350	Natural gas storage - Maintenance of purification	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	638	572	91	18	100	1,417
8380	Natural gas storage - Maintenance of purification	01000	Non-project Labor	-	-	-	-	1,688	-	-	-	-	-	-	-	1,688

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8360	Natural gas storage - Maintenance of purification	01008	Expense Labor Accrual	(68)	-	-	-	311	(311)	-	-	-	-	-	(88)	
8360	Natural gas storage - Maintenance of purification	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	7	74	81		
8400	Natural gas storage - Operation supervision and engineering	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	6	6		
8400	Natural gas storage - Operation supervision and engineering	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	1	1		
8400	Natural gas storage - Operation supervision and engineering	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-		
8400	Natural gas storage - Operation supervision and engineering	05111	Postage/Delivery Services	-	-	-	-	-	-	-	-	-	-	-		
8400	Natural gas storage - Operation supervision and engineering	05373	Call service - Field technicians	-	-	-	-	-	-	-	-	-	-	-		
8400	Natural gas storage - Operation supervision and engineering	05374	Cell evc-field tech supervisors	-	-	-	-	-	-	-	-	-	-	-		
8400	Natural gas storage - Operation supervision and engineering	05375	Call service - all others	-	-	-	-	-	-	-	-	-	-	-		
8500	Transmission - Operation supervision and engineering	01000	Non-project Labor	2,699	2,511	2,967	2,499	4,685	3,124	1,562	3,124	3,026	3,124	4,685	3,124	37,130
8500	Transmission - Operation supervision and engineering	01008	Expense Labor Accrual	270	311	228	141	(843)	-	(234)	659	107	361	(1,093)	156	282
8500	Transmission - Operation supervision and engineering	04201	Software Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
8500	Transmission - Operation supervision and engineering	05411	Meals & Entertainment	50	-	-	45	-	-	-	33	-	11	-	216	354
8500	Transmission - Operation supervision and engineering	05413	Transportation	332	-	-	287	-	-	58	-	-	502	-	1,128	2,307
8500	Transmission - Operation supervision and engineering	05414	Lodging	277	-	-	-	-	-	-	580	-	286	-	747	1,690
8500	Transmission - Operation supervision and engineering	05417	Club Dues - Deductible	-	-	-	-	-	-	-	242	-	-	-	-	242
8500	Transmission - Operation supervision and engineering	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	16	-	-	16
8500	Transmission - Operation supervision and engineering	09911	Reimbursements	-	-	-	-	-	-	-	-	-	-	-	-	-
8510	Transmission - System control and load dispatching	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-	-	143
8560	Transmission - Mains expenses	01000	Non-project Labor	12,416	16,552	13,959	14,984	10,770	16,648	14,138	15,783	13,906	12,663	19,317	13,718	183,183
8560	Transmission - Mains expenses	01002	Capital Labor Contra	-	-	-	-	-	-	-	-	-	-	-	(1,526)	(1,526)
8560	Transmission - Mains expenses	01008	O&M Project Labor and Contra	-	-	-	446	-	-	-	-	-	-	-	-	446
8560	Transmission - Mains expenses	01008	Expense Labor Accrual	682	4,030	(2,278)	2,450	(6,654)	1,387	786	2,155	(150)	825	(4,658)	896	452
8560	Transmission - Mains expenses	01011	Capital Labor Transfer In	-	-	-	-	-	-	-	-	-	-	-	1,626	1,626
8560	Transmission - Mains expenses	01013	Expense Labor Transfer In	-	-	-	-	-	-	-	-	-	-	-	-	-
8560	Transmission - Mains expenses	01014	Expense Labor Transfer Out	-	-	-	(446)	-	-	-	-	-	-	-	-	(446)
8560	Transmission - Mains expenses	02001	Inventory Materials	2,749	-	-	-	-	-	-	14	-	-	-	-	2,763
8560	Transmission - Mains expenses	02004	Warehouse Loading Charge	770	-	-	-	-	-	-	2	-	-	-	-	772
8560	Transmission - Mains expenses	02005	Non-Inventory Supplies	6,728	2,781	1,471	2,227	1,165	308	2,136	745	2,677	2,261	1,133	1,845	24,476
8560	Transmission - Mains expenses	03003	Capitalized transportation costs	-	-	-	-	-	-	-	-	(53)	-	-	(15)	(68)
8560	Transmission - Mains expenses	03004	Vehicle Expense	-	-	-	-	-	-	-	-	158	-	85	241	
8560	Transmission - Mains expenses	04302	Heavy Equipment	-	144	-	-	-	-	-	-	-	433	576	1,155	
8560	Transmission - Mains expenses	04306	Parts	-	-	-	-	-	-	-	-	-	-	46	46	
8560	Transmission - Mains expenses	04307	Heavy Equipment Capitalized	-	(122)	-	-	-	-	-	-	-	(308)	(491)	(681)	
8560	Transmission - Mains expenses	04413	Fuel - Diesel	-	-	-	-	-	-	-	-	-	-	-	403	
8560	Transmission - Mains expenses	04590	Utilities	1,525	1,801	1,109	1,380	1,353	985	1,787	1,039	1,210	1,052	1,333	1,384	15,880
8560	Transmission - Mains expenses	04599	Capitalized Utility Costs	(848)	(763)	(470)	(558)	(555)	(402)	(783)	(474)	(523)	(520)	(704)	(766)	(7,355)
8560	Transmission - Mains expenses	04889	Land Rights	-	-	-	-	-	-	-	-	1	-	-	-	1
8560	Transmission - Mains expenses	05111	Postage/Delivery Services	75	-	-	-	-	-	-	-	-	-	-	-	75
8560	Transmission - Mains expenses	05411	Meals & Entertainment	13	165	-	-	82	-	130	-	17	-	111	-	518
8560	Transmission - Mains expenses	05412	Spousal & Dependent Travel	-	-	-	-	-	-	61	-	-	-	-	-	61
8560	Transmission - Mains expenses	05413	Transportation	-	-	230	-	-	-	-	-	-	-	135	-	365
8560	Transmission - Mains expenses	05414	Lodging	-	720	-	-	109	-	89	-	-	-	353	-	1,271
8560	Transmission - Mains expenses	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
8560	Transmission - Mains expenses	05421	Training	-	100	-	-	-	-	-	-	-	-	-	-	100
8560	Transmission - Mains expenses	06111	Contract Labor	3,410	5,289	193	1,482	3,394	219	4,058	-	1,594	6,916	4,684	45,093	76,311
8560	Transmission - Mains expenses	07443	Uniforms	-	-	-	-	-	-	-	39	-	-	79	(48)	69
8560	Transmission - Mains expenses	07444	Uniforms Capitalized	-	-	-	-	-	-	-	(7)	-	-	(19)	8	(14)
8560	Transmission - Mains expenses	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	6	-	6
8560	Transmission - Mains expenses	09911	Reimbursements	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	01000	Non-project Labor	2,634	3,344	3,745	4,657	9,228	3,075	5,259	4,437	3,467	2,405	6,897	4,384	53,233
8570	Transmission - Measuring and regulating station expenses	01008	Expense Labor Accrual	(101)	785	200	1,154	(1,486)	(769)	1,072	156	(263)	(290)	(327)	199	327
8570	Transmission - Measuring and regulating station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	359	-	-	359
8570	Transmission - Measuring and regulating station expenses	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	50	-	-	50
8570	Transmission - Measuring and regulating station expenses	02005	Non-Inventory Supplies	724	-	-	192	82	110	59	22	735	87	-	-	2,021
8570	Transmission - Measuring and regulating station expenses	04590	Utilities	(134,695)	225	388	623	1,492	740	355	710	374	537	392	497	(128,363)
8570	Transmission - Measuring and regulating station expenses	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	163	-	-	-	163
8570	Transmission - Measuring and regulating station expenses	05412	Spousal & Dependent Travel	-	-	-	-	-	-	31	-	-	-	-	-	31

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8570	Transmission - Measuring and regulating station expenses	05413	Transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	05414	Lodging	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Measuring and regulating station expenses	08111	Contract Labor	-	45	-	-	-	-	-	-	4,396	-	-	-	-	4,441
8570	Transmission - Measuring and regulating station expenses	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8570	Transmission - Maintenance of Structures	04582	Building Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8630	Transmission - Maintenance of mains	01000	Non-project Labor	4,357	7,167	10,897	2,330	4,832	4,082	2,938	2,016	3,542	2,928	3,082	4,639	52,938	
8630	Transmission - Maintenance of mains	01008	Expense Labor Accrual	480	2,069	1,905	(3,984)	(709)	215	7	(120)	864	(15)	(1,240)	876	347	
8630	Transmission - Maintenance of mains	02001	Inventory Materials	-	-	-	-	-	-	-	-	280	-	-	-	280	
8630	Transmission - Maintenance of mains	02004	Warehouse Loading Charge	36	-	-	-	-	-	-	-	39	-	-	-	75	
8630	Transmission - Maintenance of mains	02005	Non-Inventory Supplies	28	-	1,291	-	-	-	-	3	128	-	23	-	1,474	
8630	Transmission - Maintenance of mains	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	627	627	
8630	Transmission - Maintenance of mains	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	(533)	(533)	
8650	Transmission - Maintenance of measuring equipment	01000	Non-project Labor	-	-	-	225	-	-	-	-	1,038	-	-	-	-	1,261
8650	Transmission - Maintenance of measuring equipment	01008	Expense Labor Accrual	-	-	-	146	(146)	-	-	-	516	(516)	-	-	-	
8650	Transmission - Maintenance of measuring equipment	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	188	-	188	
8650	Transmission - Maintenance of measuring equipment	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	28	-	28	
8650	Transmission - Maintenance of measuring equipment	02005	Non-Inventory Supplies	-	-	-	-	71	-	-	6	-	-	-	-	77	
8650	Transmission - Maintenance of measuring equipment	04040	Community Rel&Trade Shows	-	-	-	-	-	-	-	-	-	-	-	-	-	
8650	Transmission - Maintenance of measuring equipment	05414	Lodging	-	-	-	-	-	-	-	-	-	-	-	-	-	
8650	Transmission - Maintenance of measuring equipment	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	1,441	1,441	
8670	Transmission - Maintenance of other equipment	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	7,607	-	7,607	
8700	Distribution - Operation Supervision and Engineering	01000	Non-project Labor	55,123	71,478	74,438	70,185	108,589	73,277	74,141	72,256	77,129	81,459	82,454	81,658	900,187	
8700	Distribution - Operation Supervision and Engineering	01001	Capital Labor	400,903	346,955	347,880	340,163	470,741	313,636	304,820	323,363	332,977	375,125	549,655	381,957	4,488,175	
8700	Distribution - Operation Supervision and Engineering	01002	Capital Labor Centre	(407,801)	(351,832)	(352,916)	(328,522)	(476,102)	(317,988)	(304,863)	(325,265)	(334,522)	(381,483)	(563,759)	(382,977)	(4,528,010)	
8700	Distribution - Operation Supervision and Engineering	01006	O&M Project Labor and Contra	(1,869)	-	-	1,339	-	-	247	-	1,337	(841)	283	-	350	
8700	Distribution - Operation Supervision and Engineering	01008	Expense Labor Accrual	6,376	16,446	1,480	8,401	(27,856)	554	8,098	6,098	5,380	12,081	(36,234)	4,755	7,579	
8700	Distribution - Operation Supervision and Engineering	01011	Capital Labor Transfer In	191,093	193,764	181,469	198,489	289,709	164,692	141,059	172,676	169,723	193,553	289,590	170,715	2,356,528	
8700	Distribution - Operation Supervision and Engineering	01012	Capital Labor Transfer Out	(184,165)	(188,886)	(176,433)	(210,130)	(287,936)	(160,359)	(137,424)	(170,774)	(169,041)	(186,332)	(275,487)	(169,695)	(2,316,694)	
8700	Distribution - Operation Supervision and Engineering	01013	Expense Labor Transfer In	(1,998)	-	-	1,339	-	-	1,588	-	-	995	263	-	2,188	
8700	Distribution - Operation Supervision and Engineering	01014	Expense Labor Transfer Out	1,998	-	-	(1,339)	-	-	(247)	-	(1,337)	841	(263)	-	(350)	
8700	Distribution - Operation Supervision and Engineering	01200	Benefits Load	249	-	-	-	-	-	-	-	-	-	-	-	249	
8700	Distribution - Operation Supervision and Engineering	02001	Inventory Materials	-	-	-	-	-	-	805	-	52	8	-	-	865	
8700	Distribution - Operation Supervision and Engineering	02004	Warehouse Loading Charge	-	-	-	-	-	-	85	-	7	1	-	-	93	
8700	Distribution - Operation Supervision and Engineering	02005	Non-Inventory Supplies	80	126	590	783	288	19	690	214	1,228	1,127	70	26	5,227	
8700	Distribution - Operation Supervision and Engineering	03003	Capitalized transportation costs	(23)	-	(15)	(77)	-	(55)	(8)	(57)	(71)	(6)	(14)	(46)	(376)	
8700	Distribution - Operation Supervision and Engineering	03004	Vehicle Expense	41	-	42	145	-	160	173	104	151	14	30	81	940	
8700	Distribution - Operation Supervision and Engineering	04001	Safety,Newspaper	-	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Distribution - Operation Supervision and Engineering	04002	Required By Law, Safety	-	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Distribution - Operation Supervision and Engineering	04021	Promo Other,Misc	-	-	-	-	-	-	64	-	-	229	-	-	293	
8700	Distribution - Operation Supervision and Engineering	04040	Community Rel&Trade Shows	-	-	103	-	-	-	-	-	-	134	241	-	477	
8700	Distribution - Operation Supervision and Engineering	04043	Employee Participation	-	93	-	-	-	-	-	-	-	-	-	-	93	
8700	Distribution - Operation Supervision and Engineering	04044	Advertising	-	-	-	164	210	-	-	-	-	-	-	-	374	
8700	Distribution - Operation Supervision and Engineering	04046	Cust Relations & Assist	-	-	-	-	278	-	198	-	-	-	-	-	476	
8700	Distribution - Operation Supervision and Engineering	04054	Postage - Inserter	-	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Distribution - Operation Supervision and Engineering	04112	Board Meeting Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	
8700	Distribution - Operation Supervision and Engineering	04148	Public Relations	-	-	-	-	-	-	-	-	-	-	-	-	-	



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8700	Distribution - Operation Supervision and Engineering	04201	Software Maintenance	-	-	242	121	121	121	88	121	121	121	121	121	1,274
8700	Distribution - Operation Supervision and Engineering	04212	IT Equipment Maintenance	-	-	-	-	-	-	-	-	-	-	8	-	8
8700	Distribution - Operation Supervision and Engineering	04302	Heavy Equipment	10	-	-	-	9	-	-	-	-	-	158	-	175
8700	Distribution - Operation Supervision and Engineering	04307	Heavy Equipment Capitalized	(8)	-	-	-	(8)	-	-	-	-	-	(133)	-	(149)
8700	Distribution - Operation Supervision and Engineering	04427	Wash & Grease	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	04582	Building Maintenance	10	-	-	-	10	-	48	-	-	-	-	34	104
8700	Distribution - Operation Supervision and Engineering	04690	Utilities	9,205	7,080	4,533	8,841	8,829	6,235	6,321	5,278	4,823	7,987	8,817	7,388	81,123
8700	Distribution - Operation Supervision and Engineering	04692	Misc Rents	-	-	-	-	-	-	-	-	-	-	24	-	24
8700	Distribution - Operation Supervision and Engineering	04699	Capitalized Utility Costs	(4,972)	(3,397)	(2,148)	(2,909)	(2,876)	(2,591)	(2,884)	(2,287)	(2,170)	(4,119)	(4,480)	(4,031)	(38,823)
8700	Distribution - Operation Supervision and Engineering	05010	Office Supplies	4,748	1,779	2,242	3,915	3,201	871	10,839	3,640	1,801	9,132	3,132	2,645	47,748
8700	Distribution - Operation Supervision and Engineering	05111	Postage/Delivery Services	20	48	544	616	230	23	188	300	221	934	248	102	3,531
8700	Distribution - Operation Supervision and Engineering	05310	Monthly Lines and service	11,306	1,711	6,498	5,742	9,272	7,503	4,278	30,121	5,828	5,810	6,188	8,657	100,722
8700	Distribution - Operation Supervision and Engineering	05312	Long Distance	-	-	20	-	-	-	-	-	-	-	-	-	20
8700	Distribution - Operation Supervision and Engineering	05318	Telecom Maintenance & Repair	-	-	-	-	-	6,500	(137)	-	-	-	-	-	6,383
8700	Distribution - Operation Supervision and Engineering	05323	Measurement & Meter Reading	807	63	418	284	478	437	211	432	376	430	346	338	4,621
8700	Distribution - Operation Supervision and Engineering	05331	WAN/LAN/Internet Service	1,889	1,371	1,557	1,882	3,697	987	757	1,984	2,058	2,044	2,014	2,081	21,882
8700	Distribution - Operation Supervision and Engineering	05364	Cellular, radio, pager charges	-	-	(0)	7	(14)	9	(0)	0	0	(1)	-	0	0
8700	Distribution - Operation Supervision and Engineering	05373	Call service - Field technicians	13,477	5,942	4,019	11,691	19,250	8,953	7,991	7,808	9,128	9,471	9,987	13,220	120,848
8700	Distribution - Operation Supervision and Engineering	05374	Cell svc-field tech supervisors	2,476	1,094	740	2,153	3,544	1,834	1,458	1,425	1,666	1,705	1,798	2,382	22,075
8700	Distribution - Operation Supervision and Engineering	05375	Call service - all others	2,922	1,354	916	2,664	4,387	2,327	2,077	2,030	2,373	2,463	2,597	3,441	28,552
8700	Distribution - Operation Supervision and Engineering	05376	Call service for MDTs, PC's, SCADA and others	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	05377	Cell phone equipment and accessories	42	173	101	148	-	-	88	21	-	47	-	28	654
8700	Distribution - Operation Supervision and Engineering	05380	Video Conference	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	05399	Capitalized Telecom Costs	(16,385)	(5,319)	(6,448)	(10,927)	(16,916)	(11,506)	(7,298)	(19,708)	(8,535)	(10,280)	(11,142)	(14,151)	(139,593)
8700	Distribution - Operation Supervision and Engineering	05411	Meals & Entertainment	3,955	3,330	4,623	5,295	2,788	5,407	5,747	4,788	4,558	7,349	678	8,308	54,700
8700	Distribution - Operation Supervision and Engineering	05412	Spousal & Dependent Travel	6	-	57	7	892	-	-	-	-	480	20	-	1,473
8700	Distribution - Operation Supervision and Engineering	05413	Transportation	1,598	89	614	840	355	245	17	361	198	545	592	358	5,788
8700	Distribution - Operation Supervision and Engineering	05414	Lodging	1,288	951	3,780	1,238	1,070	2,131	3,731	3,303	8,548	9,514	6,936	3,491	45,940
8700	Distribution - Operation Supervision and Engineering	05415	Membership Fees	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	05417	Club Dues - Deductible	-	-	-	-	63	-	150	-	511	-	-	-	724
8700	Distribution - Operation Supervision and Engineering	05419	Misc Employee Expense	19,651	580	-	24	100	-	-	50	123	7	18,482	103	39,130
8700	Distribution - Operation Supervision and Engineering	05420	Employee Development	-	441	-	-	40	-	-	725	-	-	-	550	1,788
8700	Distribution - Operation Supervision and Engineering	05421	Training	-	-	-	-	140	-	878	24	1,650	-	-	484	3,258
8700	Distribution - Operation Supervision and Engineering	05424	Books & Manuals	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	05425	Regulatory Compliance Training	-	-	-	-	-	-	-	-	50	-	-	-	50
8700	Distribution - Operation Supervision and Engineering	05427	Technical (Job Skills) Training	-	-	-	-	-	100	-	-	-	-	-	-	100
8700	Distribution - Operation Supervision and Engineering	06111	Contract Labor	-	-	-	10,000	1,700	2,439	-	-	21,000	-	-	-	35,139
8700	Distribution - Operation Supervision and Engineering	06112	Collection Fees	-	-	-	-	-	-	-	-	-	-	-	-	-
8700	Distribution - Operation Supervision and Engineering	06121	Legal	-	-	18,386	75	-	-	260	1,059	522	1,851	-	-	20,192
8700	Distribution - Operation Supervision and Engineering	07120	Environmental & Safety	34	-	-	-	-	-	-	-	-	-	-	-	34
8700	Distribution - Operation Supervision and Engineering	07443	Uniforms	-	1,465	(37)	-	-	-	-	-	-	-	-	-	1,417
8700	Distribution - Operation Supervision and Engineering	07444	Uniforms Capitalized	-	(816)	19	-	-	-	-	-	-	-	-	-	(797)
8700	Distribution - Operation Supervision and Engineering	07489	Misc Employee Welfare Exp	-	177	313	598	(55)	144	1,194	8	168	-	7	85	2,635



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8750	Distribution - Measuring and Regulating Station Expenses - General	05413	Transportation	-	-	-	-	-	91	-	-	-	-	-	91	
8750	Distribution - Measuring and Regulating Station Expenses - General	05414	Lodging	-	-	151	-	-	628	-	-	56	121	591	1,548	
8750	Distribution - Measuring and Regulating Station Expenses - General	05417	Club Dues - Deductible	-	-	-	18	52	-	-	-	-	-	-	70	
8750	Distribution - Measuring and Regulating Station Expenses - General	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	-	
8750	Distribution - Measuring and Regulating Station Expenses - General	05421	Training	-	-	-	-	-	375	-	-	-	-	50	425	
8750	Distribution - Measuring and Regulating Station Expenses - General	05427	Technical (Job Skills) Training	-	-	-	-	-	100	-	-	-	-	-	100	
8750	Distribution - Measuring and Regulating Station Expenses - General	06111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	-	
8750	Distribution - Measuring and Regulating Station Expenses - General	07443	Uniforms	-	-	-	-	-	-	-	-	-	-	-	-	
8750	Distribution - Measuring and Regulating Station Expenses - General	07444	Uniforms Capitalized	-	-	-	-	-	-	-	-	-	-	-	-	
8750	Distribution - Measuring and Regulating Station Expenses - General	07590	Misc General Expense	-	-	187	-	-	-	-	-	-	-	-	222	
8760	Expenses - Industrial	01000	Non-project Labor	11,233	11,371	9,251	7,202	15,113	8,836	10,033	9,984	7,898	7,374	14,065	8,154	120,562
8760	Expenses - Industrial	01008	Expense Labor Accrual	1,922	1,754	(1,080)	55	(2,162)	(310)	1,302	973	(501)	442	(2,080)	102	436
8760	Expenses - Industrial	02001	Inventory Materials	559	524	308	750	382	524	829	445	200	602	1,328	528	8,978
8760	Expenses - Industrial	02004	Warehouse Loading Charge	192	73	43	105	53	73	116	82	28	84	185	74	1,091
8760	Expenses - Industrial	02005	Non-Inventory Supplies	144	358	-	150	234	-	1,465	43	-	1,292	350	55	4,182
8760	Expenses - Industrial	05010	Office Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
8760	Expenses - Industrial	05411	Meals & Entertainment	-	-	95	-	-	-	188	-	-	58	-	119	481
8760	Expenses - Industrial	05413	Transportation	-	-	-	-	-	91	-	-	-	-	-	-	91
8760	Expenses - Industrial	05414	Lodging	-	-	151	-	-	302	-	-	-	121	363	937	
8760	Expenses - Industrial	05421	Training	-	-	-	-	-	-	-	-	-	-	50	50	
8760	Expenses - Industrial	05427	Technical (Job Skills) Training	-	-	-	-	-	-	100	-	-	-	-	100	
8760	Expenses - Industrial	07590	Misc General Expense	-	-	-	-	-	-	25	-	-	-	-	25	
8770	Exp. - City Gate Chk. Sta.	01000	Non-project Labor	4,092	4,515	5,100	5,675	9,357	8,340	2,581	3,315	3,944	5,214	8,724	4,855	63,713
8770	Exp. - City Gate Chk. Sta.	01008	Expense Labor Accrual	(390)	825	282	1,139	(2,129)	25	(882)	588	481	1,155	(1,674)	3	(388)
8770	Exp. - City Gate Chk. Sta.	02001	Inventory Materials	1,316	1,044	754	1,185	733	862	1,423	907	101	1,029	2,647	1,119	13,117
8770	Exp. - City Gate Chk. Sta.	02004	Warehouse Loading Charge	359	148	106	166	103	121	199	127	14	144	371	157	2,011
8770	Exp. - City Gate Chk. Sta.	02005	Non-Inventory Supplies	832	21,969	455	3,220	1,122	3,633	282	227	-	3,490	1,077	4,040	40,326
8770	Exp. - City Gate Chk. Sta.	04580	Building Lease/Rents Capitalized	-	-	-	-	-	-	(4,085)	-	-	-	-	-	(4,085)
8770	Exp. - City Gate Chk. Sta.	04581	Building Lease/Rents	-	-	-	-	-	-	20,000	-	-	-	-	-	20,000
8770	Exp. - City Gate Chk. Sta.	04582	Building Maintenance	785	120	-	180	-	-	-	-	120	300	820	300	2,625
8770	Exp. - City Gate Chk. Sta.	04590	Utilities	1,623	404	35	337	634	718	497	535	391	282	255	289	8,000
8770	Exp. - City Gate Chk. Sta.	04592	Misc Rents	-	-	-	-	20,100	-	(20,000)	-	-	-	-	-	100
8770	Exp. - City Gate Chk. Sta.	04889	Land Rights	-	-	-	-	-	-	-	-	-	-	-	-	-
8770	Exp. - City Gate Chk. Sta.	05414	Lodging	-	-	289	-	-	-	-	-	-	-	-	-	289
8770	Exp. - City Gate Chk. Sta.	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	100	100
8770	Exp. - City Gate Chk. Sta.	06111	Contract Labor	-	-	-	-	-	-	-	3,000	-	-	-	420	3,420
8770	Exp. - City Gate Chk. Sta.	07489	Misc Employee Welfare Exp	-	-	-	-	-	-	-	-	-	-	-	-	-
8770	Exp. - City Gate Chk. Sta.	07590	Misc General Expense	-	-	-	-	-	-	-	-	2,100	-	-	-	2,100
8780	Expenses - Meter and House Regulator	01000	Non-project Labor	69,919	82,300	103,994	102,114	129,109	87,392	77,354	74,506	69,246	62,734	88,973	56,818	1,003,481
8780	Expenses - Meter and House Regulator	01008	Expense Labor Accrual	7,845	18,678	10,847	14,377	(44,856)	330	5,226	6,454	598	3,517	(22,812)	2,217	419
8780	Expenses - Meter and House Regulator	02001	Inventory Materials	1,819	1,055	558	1,161	842	653	1,377	938	158	1,181	2,051	1,338	13,140
8780	Expenses - Meter and House Regulator	02004	Warehouse Loading Charge	429	148	78	163	116	91	193	131	22	167	287	187	2,014
8780	Expenses - Meter and House Regulator	02005	Non-Inventory Supplies	4	5	20	16	8	-	90	-	13	166	200	37	577

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8780	Distribution - Meter and House Regulator Expenses	02006	Purchasing Card Charges	-	-	22	-	-	-	-	-	-	-	-	-	22
8780	Distribution - Meter and House Regulator Expenses	03003	Capitalized transportation costs	(4)	-	-	-	-	-	-	-	-	-	-	-	(4)
8780	Distribution - Meter and House Regulator Expenses	03004	Vehicle Expense	8	-	-	-	-	-	-	-	-	-	-	-	8
8780	Distribution - Meter and House Regulator Expenses	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	104	-	-	104
8780	Distribution - Meter and House Regulator Expenses	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	(88)	-	-	(88)
8780	Distribution - Meter and House Regulator Expenses	04590	Utilities	835	1,308	279	950	1,595	931	1,386	309	581	737	820	708	10,418
8780	Distribution - Meter and House Regulator Expenses	05010	Office Supplies	273	1,320	220	840	927	255	956	841	-	860	457	784	7,732
8780	Distribution - Meter and House Regulator Expenses	05373	Cell service - Field technicians	-	-	-	-	-	-	-	-	-	-	-	7	7
8780	Distribution - Meter and House Regulator Expenses	05374	Cell svc-field tech supervisors	-	-	-	-	-	-	-	-	-	-	-	1	1
8780	Distribution - Meter and House Regulator Expenses	05375	Cell service - all others	-	-	-	-	-	-	-	-	-	-	-	2	2
8780	Distribution - Meter and House Regulator Expenses	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	-	(5)	(5)
8780	Distribution - Meter and House Regulator Expenses	05411	Meals & Entertainment	417	1,187	335	53	104	83	30	512	520	38	413	480	4,152
8780	Distribution - Meter and House Regulator Expenses	05412	Spousal & Dependent Travel	-	15	-	-	-	-	-	-	-	-	-	-	15
8780	Distribution - Meter and House Regulator Expenses	05413	Transportation	38	22	398	-	123	66	-	-	80	20	32	-	767
8780	Distribution - Meter and House Regulator Expenses	05414	Lodging	-	-	-	-	-	-	-	-	-	-	574	-	574
8780	Distribution - Meter and House Regulator Expenses	05418	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	111	-	111
8780	Distribution - Meter and House Regulator Expenses	05421	Training	-	-	-	-	-	-	-	-	-	-	-	-	-
8780	Distribution - Meter and House Regulator Expenses	05427	Technical (Job Skills) Training	-	-	-	-	-	100	-	-	-	-	-	-	100
8780	Distribution - Meter and House Regulator Expenses	08111	Contract Labor	121	-	-	102	-	-	(121)	-	-	-	-	-	102
8780	Distribution - Meter and House Regulator Expenses	07580	Misc General Expense	-	-	-	-	384	-	-	-	-	-	-	-	384
8780	Distribution - Customer Installations Expenses	01000	Non-project Labor	5,281	4,357	3,609	8,848	7,643	6,973	5,172	5,499	3,624	4,285	3,997	8,049	63,224
8780	Distribution - Customer Installations Expenses	01008	Expense Labor Accrual	(657)	337	(374)	2,646	(3,192)	498	67	884	(852)	765	(1,911)	1,149	(883)
8780	Distribution - Customer Installations Expenses	02005	Non-Inventory Supplies	58	68	187	478	2	315	78	358	-	427	13	634	2,609
8800	Distribution - Customer Installations Expenses	05010	Office Supplies	-	-	-	-	-	-	-	-	-	17	-	-	17
8800	Distribution - Other Expenses	01000	Non-project Labor	213	2,177	-	-	227	788	1,120	1,436	665	547	3,435	600	11,188
8800	Distribution - Other Expenses	01008	Expense Labor Accrual	(64)	1,014	(1,089)	-	38	154	200	254	(314)	(5)	245	(393)	41
8800	Distribution - Other Expenses	02005	Non-Inventory Supplies	16	106	39	-	33	-	425	10	-	209	124	88	1,051
8800	Distribution - Other Expenses	04001	Safety/Newsaper	-	-	-	-	-	-	171	78	-	-	-	-	249
8800	Distribution - Other Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	108	-	-	108
8800	Distribution - Other Expenses	04582	Building Maintenance	539	-	-	-	-	-	-	-	-	-	-	-	539
8800	Distribution - Other Expenses	04599	Capitalized Utility Costs	(307)	-	-	-	-	-	-	-	-	-	-	-	(307)
8800	Distribution - Other Expenses	05111	Postage/Delivery Services	208	282	302	270	384	190	842	248	77	300	63	29	3,189
8800	Distribution - Other Expenses	05421	Training	-	-	-	-	-	-	-	-	-	-	-	-	-
8800	Distribution - Other Expenses	06111	Contract Labor	(264,843)	-	-	-	-	-	-	-	-	-	-	-	(264,843)
8800	Distribution - Other Expenses	07510	Association Dues	-	-	-	-	-	20	200	50	112	-	-	450	832
8800	Distribution - Other Expenses	07590	Misc General Expense	(160,510)	-	-	-	-	57	350	-	300	-	232	(159,551)	-
8810	Distribution - Rents	01000	Non-project Labor	244	158	252	252	473	189	221	378	-	-	-	-	2,187
8810	Distribution - Rents	01008	Expense Labor Accrual	45	(6)	47	38	(85)	(32)	30	93	(170)	-	-	-	(41)
8810	Distribution - Rents	02005	Non-Inventory Supplies	-	-	39	-	14	-	8	68	-	38	-	285	445
8810	Distribution - Rents	03003	Capitalized transportation costs	(153)	-	-	-	-	-	-	-	-	-	-	-	(153)
8810	Distribution - Rents	03004	Vehicle Expense	240	-	-	-	-	-	-	-	-	-	-	-	240
8810	Distribution - Rents	04302	Heavy Equipment	620	-	-	-	22	-	-	-	-	4	-	-	646
8810	Distribution - Rents	04307	Heavy Equipment Capitalized	(527)	-	-	-	(19)	-	-	-	-	(3)	-	-	(549)
8810	Distribution - Rents	04580	Building Lease/Rents Capitalized	(21,004)	(17,247)	(17,000)	(29,512)	(28,630)	(24,605)	(28,513)	(26,891)	(25,486)	(39,214)	(40,131)	(35,533)	(333,766)
8810	Distribution - Rents	04581	Building Lease/Rents	38,729	36,728	38,981	70,728	70,999	63,157	67,772	62,871	57,985	77,439	76,854	68,662	729,913
8810	Distribution - Rents	04582	Building Maintenance	18,180	10,313	14,092	10,307	12,984	10,946	16,266	15,133	8,205	14,842	15,539	20,930	167,718
8810	Distribution - Rents	04585	Railroad easements and crossings	-	-	150	-	-	-	812	15	15	-	-	-	792
8810	Distribution - Rents	04590	Utilities	853	755	892	842	813	90	793	708	366	880	1,298	777	8,876
8810	Distribution - Rents	04599	Capitalized Utility Costs	(11,393)	(5,641)	(8,807)	(4,900)	(6,284)	(4,900)	(8,088)	(7,334)	(4,036)	(8,547)	(9,661)	(11,885)	(89,588)
8810	Distribution - Rents	05010	Office Supplies	142	-	55	170	-	-	312	-	-	-	-	-	65
8810	Distribution - Rents	07499	Misc Employee Welfare Exp	-	65	-	-	-	-	-	-	-	-	-	-	-
8810	Distribution - Rents	07580	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
8850	Distribution - Maintenance Supervision and Engineering	01000	Non-project Labor	3,748	-	-	-	-	-	-	-	-	-	-	-	3,748
8850	Distribution - Maintenance Supervision and Engineering	01008	Expense Labor Accrual	(1,702)	(1,312)	-	-	-	-	-	-	-	-	-	-	(3,014)
8850	Distribution - Maintenance Supervision and Engineering	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
8850	Distribution - Maintenance Supervision and Engineering	03003	Capitalized transportation costs	(2)	-	-	-	-	-	-	-	-	-	-	-	(2)
8850	Distribution - Maintenance Supervision and Engineering	03004	Vehicle Expense	4	-	-	-	-	-	-	-	-	-	-	-	4





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9040	Customer Accounts - Uncollectible Accounts	09927	Cust Uncol Acct-Write Off	759,441	49,875	89,473	178,215	240,893	142,632	(139,662)	43,831	34,613	15,823	22,345	20,370	1,467,949
9050	Customer Accounts - Miscellaneous Customer Accounts Expense	05010	Office Supplies	-	-	283	-	-	-	-	-	-	-	-	-	283
9070	Customer Service and Informational - Supervision	01000	Non-project Labor	1,671	-	-	-	-	-	-	-	-	-	-	-	1,671
9070	Customer Service and Informational - Supervision	01008	Expense Labor Accrual	(251)	(595)	-	-	-	-	-	-	-	-	-	-	(836)
9070	Customer Service and Informational - Supervision	04044	Advertising	-	-	-	-	143	-	-	-	-	-	-	-	143
9070	Customer Service and Informational - Supervision	04046	Cust Relations & Assist	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	05010	Office Supplies	-	-	-	-	-	-	16	-	-	-	-	-	16
9070	Customer Service and Informational - Supervision	05111	Postage/Delivery Services	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	05331	WAN/LAN/Internet Service	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	05411	Meals & Entertainment	425	-	-	-	-	-	-	-	-	-	-	-	425
9070	Customer Service and Informational - Supervision	05412	Spousal & Dependent Travel	27	-	-	-	-	-	-	-	-	-	-	-	27
9070	Customer Service and Informational - Supervision	05413	Transportation	1,653	-	-	-	-	-	-	-	-	-	-	-	1,653
9070	Customer Service and Informational - Supervision	05414	Lodging	885	-	-	-	-	-	-	-	-	-	-	-	885
9070	Customer Service and Informational - Supervision	05419	Misc Employee Expense	48	-	-	-	-	-	-	-	-	-	-	-	48
9070	Customer Service and Informational - Supervision	05424	Books & Manuals	-	-	-	-	-	-	-	-	-	-	-	-	-
9070	Customer Service and Informational - Supervision	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	01000	Non-project Labor	4,365	-	-	-	-	-	-	-	-	-	-	-	4,365
9080	Customer Assistance Expenses	01008	Expense Labor Accrual	(646)	(1,528)	-	-	-	-	-	-	-	-	-	-	(2,174)
9080	Customer Assistance Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	04046	Cust Relations & Assist	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05010	Office Supplies	-	-	-	55	-	-	-	-	-	-	-	-	55
9080	Customer Assistance Expenses	05111	Postage/Delivery Services	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05411	Meals & Entertainment	10	1,549	-	68	-	-	-	-	-	95	-	-	1,713
9080	Customer Assistance Expenses	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05413	Transportation	255	-	-	342	-	-	-	-	-	-	-	-	597
9080	Customer Assistance Expenses	05414	Lodging	15	-	-	67	-	-	-	-	-	-	-	-	83
9080	Customer Assistance Expenses	05417	Club Dues - Deductible	-	-	-	-	-	-	-	-	-	-	-	-	-
9080	Customer Assistance Expenses	05419	Misc Employee Expense	1	-	-	-	-	-	-	-	-	-	-	-	1
9090	Informational and Instructional Advertising Expenses	01000	Non-project Labor	1,157	5,742	5,820	5,820	8,730	5,820	5,820	5,820	5,820	5,820	8,730	5,820	70,919
9090	Informational and Instructional Advertising Expenses	01008	Expense Labor Accrual	(174)	2,466	39	873	(2,328)	0	562	582	291	582	(2,037)	291	1,168
9090	Informational and Instructional Advertising Expenses	04021	Promo Other,Misc	-	-	379	12	63	-	-	-	-	-	-	-	453
9090	Informational and Instructional Advertising Expenses	04040	Community Rel&Trade Shows	-	-	523	-	-	-	-	-	500	-	-	-	1,023
9090	Informational and Instructional Advertising Expenses	04044	Advertising	1,216	6,624	473	308	248	457	-	-	-	-	-	-	8,327
9090	Informational and Instructional Advertising Expenses	04046	Cust Relations & Assist	21	376	7,280	(106)	350	-	25	148	-	138	305	388	8,904
9090	Informational and Instructional Advertising Expenses	05010	Office Supplies	11	179	20	404	29	-	368	-	66	318	-	-	1,393







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8180	Natural gas storage - Compressor station expenses	01008	Expense Labor Accrual	(491.45)	1,124.93	(1,340.01)	543.10	(125.58)	166.74	235.39	635.40	(968.67)	858.71	(2,293.48)	1,027.17	(830)
8180	Natural gas storage - Compressor station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	695.25	-	(229.64)	12.02	-	468
8180	Natural gas storage - Compressor station expenses	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	95.94	-	(32.15)	1.89	-	66
8180	Natural gas storage - Compressor station expenses	02005	Non-Inventory Supplies	1,430.58	393.22	(550.11)	(244.26)	(356.82)	(1,247.36)	(2,528.67)	(823.49)	(828.18)	(117.23)	1,552.00	58.98	(3,292)
8180	Natural gas storage - Compressor station expenses	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	32.00	32
8180	Natural gas storage - Compressor station expenses	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	(27.20)	(27)
8180	Natural gas storage - Compressor station expenses	04421	Oil & Filters	-	-	-	-	-	-	-	-	-	-	-	664.63	665
8180	Natural gas storage - Compressor station expenses	05111	Postage/Delivery Services	-	8.53	-	-	-	-	-	-	-	-	-	-	7
8180	Natural gas storage - Compressor station expenses	06111	Contract Labor	(712.10)	155.09	(186.58)	(290.04)	(129.55)	401.34	8.59	(333.47)	129.13	271.02	(641.42)	568.06	(761)
8180	Natural gas storage - Compressor station expenses	07590	Misc General Expense	-	-	-	-	-	-	-	-	-	-	-	42.36	42
8190	Natural gas storage - Compressor station fuel and power	04590	Utilities	(4.96)	17.66	1.95	60.54	(53.85)	(3.42)	(1.09)	8.97	34.40	0.68	5.98	3.16	69
8200	Natural gas storage - Measuring and regulating station expenses	01000	Non-project Labor	1,338.93	213.37	(320.77)	389.84	2,050.83	178.32	(1,709.50)	(970.38)	(1,805.69)	(455.67)	83.79	59.69	(948)
8200	Natural gas storage - Measuring and regulating station expenses	01008	Expense Labor Accrual	518.05	(366.55)	(308.18)	540.16	(647.03)	517.56	(711.60)	117.60	(559.56)	680.97	(262.76)	646.47	170
8200	Natural gas storage - Measuring and regulating station expenses	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	(101.67)	(102)
8200	Natural gas storage - Measuring and regulating station expenses	02004	Warehouse Loading Charge	14.28	-	-	-	-	-	-	-	-	-	-	-	14
8200	Natural gas storage - Measuring and regulating station expenses	02005	Non-Inventory Supplies	10.59	-	-	-	-	(581.08)	419.42	-	-	-	-	776.48	625
8200	Natural gas storage - Measuring and regulating station expenses	04590	Utilities	30.88	(20.55)	(284.79)	18.42	(161.24)	48.29	(186.57)	(110.00)	(57.50)	35.65	(137.40)	(53.32)	(880)
8210	Natural gas storage - Purification expenses	01000	Non-project Labor	(50.18)	108.84	10.18	(275.45)	4,030.64	139.77	(1,344.51)	(1,086.92)	(108.29)	(1,180.46)	607.52	(305.69)	604
8210	Natural gas storage - Purification expenses	01008	Expense Labor Accrual	(191.58)	59.34	(49.23)	272.16	(1,730.80)	2,023.39	(815.54)	(172.49)	363.82	(588.02)	540.68	158.71	(129)
8210	Natural gas storage - Purification expenses	02005	Non-Inventory Supplies	959.10	1,813.84	83.74	(1,368.94)	1,271.21	2,153.06	(216.64)	(27.51)	(306.14)	-	(106.20)	2,025.22	6,281
8210	Natural gas storage - Purification expenses	04590	Utilities	(5.50)	33.78	12.99	19.29	(18.73)	(4.33)	(84.31)	18.79	(33.73)	3.56	3.28	(46.95)	(82)
8240	Natural gas storage - Other expenses	08111	Contract Labor	130.00	-	-	260.00	(585.00)	(1,166.02)	-	703.64	-	-	-	-	(659)
8240	Natural gas storage - Other expenses	01000	Non-project Labor	-	-	-	389.80	-	-	-	-	-	-	-	370	
8240	Natural gas storage - Other expenses	01008	Expense Labor Accrual	-	-	-	240.24	(240.24)	-	-	-	-	-	-	-	
8240	Natural gas storage - Other expenses	02005	Non-Inventory Supplies	-	-	-	-	-	-	(427.28)	-	-	-	-	112.46	(315)
8240	Natural gas storage - Other expenses	04590	Utilities	-	-	-	-	-	90.20	-	-	-	-	-	17.86	108
8240	Natural gas storage - Other expenses	05111	Postage/Delivery Services	-	-	-	-	-	-	-	-	-	28.00	-	28	
8240	Natural gas storage - Other expenses	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	-	18.47	-	18	
8250	Natural gas storage - Storage wells royalties	04580	Building Lease/Rents Capitalized	(95.48)	(102.89)	(11.18)	81.85	48.90	528.21	-	7.07	(6.87)	(16.14)	51.98	18.46	508
8250	Natural gas storage - Storage wells royalties	04581	Building Lease/Rents	-	488.00	-	(362.00)	(126.00)	(2,860.00)	-	-	-	-	-	-	(2,860)
8250	Natural gas storage - Storage wells royalties	04590	Utilities	155.14	137.14	270.04	1,223.16	812.18	(170.69)	536.70	(388.30)	(524.34)	(595.05)	(191.55)	(248.79)	1,027
8250	Natural gas storage - Storage wells royalties	07590	Misc General Expense	14.61	(7.28)	39.35	113.58	75.58	92.76	8.98	(91.79)	(57.88)	(24.03)	(21.50)	(24.06)	117
8310	Natural gas storage - Maintenance of structures and wells	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	57.51	-	24.04	82
8310	Natural gas storage - Maintenance of structures and wells	04582	Building Maintenance	-	-	-	-	-	-	-	-	-	-	(657.50)	-	(658)
8310	Natural gas storage - Maintenance of structures and wells	05111	Contract Labor	-	-	-	-	-	-	-	-	-	-	-	1,979.48	1,979
8320	Natural gas storage - Maintenance of compressor station equipment	02005	Non-Inventory Supplies	-	-	(126.50)	-	-	-	-	-	-	-	-	-	(127)
8340	Natural gas storage - Maintenance of compressor station equipment	01000	Non-project Labor	42.80	66.30	80.40	67.86	315.60	(846.38)	476.62	(1,468.14)	(177.11)	(216.15)	1,724.80	4,376.93	4,675
8340	Natural gas storage - Maintenance of compressor station equipment	01008	Expense Labor Accrual	(1.79)	16.17	11.05	16.42	(156.88)	28.22	238.91	(725.21)	468.78	(23.85)	(355.38)	1,794.06	1,310
8340	Natural gas storage - Maintenance of measuring equipment	02005	Non-Inventory Supplies	-	-	-	-	-	-	7.21	(13.69)	-	-	988.98	224.22	1,185
8350	Natural gas storage - Maintenance of measuring equipment	01000	Non-project Labor	-	-	-	-	-	-	-	438.16	545.20	-	-	(211.20)	770
8350	Natural gas storage - Maintenance of measuring equipment	01008	Expense Labor Accrual	(35.20)	-	-	-	-	-	-	166.27	76.33	(272.60)	-	(35.20)	(70)
8350	Natural gas storage - Maintenance of measuring equipment	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	636.23	571.59	91.40	18.01	100.10	1,417
8360	Natural gas storage - Maintenance of purification	01000	Non-project Labor	-	-	-	-	1,667.96	-	-	-	-	-	-	(528.00)	1,340
8360	Natural gas storage - Maintenance of purification	01008	Expense Labor Accrual	(88.00)	-	-	-	311.33	(311.33)	-	-	-	-	-	(88.00)	(176)
8380	Natural gas storage - Operation supervision and engineering	02005	Non-Inventory Supplies	-	-	-	-	-	-	-	-	-	-	6.61	11.12	16
8400	Natural gas storage - Operation supervision and engineering	02001	Inventory Materials	-	-	-	-	-	-	-	-	-	-	-	6.36	6
8400	Natural gas storage - Operation supervision and engineering	02004	Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	-	0.89	1
8400	Natural gas storage - Operation supervision and engineering	02005	Non-Inventory Supplies	-	(5.75)	(13.74)	(119.84)	(59.07)	(1.81)	-	-	-	-	(49.15)	-	(249)
8400	Natural gas storage - Operation supervision and engineering	05111	Postage/Delivery Services	-	-	-	-	-	-	-	(32.27)	(249.16)	-	(32.65)	-	(314)
8400	Natural gas storage - Operation supervision and engineering	05373	Call service - Field technicians	-	-	-	-	-	-	-	-	-	-	(50.29)	-	(30)



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8650	Transmission - Maintenance of mains	02005 Non-Inventory Supplies	(1,849.41)	(1,374.38)	(1,374.23)	(211.95)	(65.89)	(35.38)	(341.43)	(145.01)	(101.60)	128.34	(1.96)	(202.06)	(5,276)
8650	Transmission - Maintenance of mains	04302 Heavy Equipment	-	-	-	-	-	-	-	-	-	-	-	626.72	627
8650	Transmission - Maintenance of mains	04307 Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	-	(532.71)	(533)
8650	Transmission - Maintenance of measuring equipment	01000 Non-project Labor	-	-	-	106.10	(14.00)	-	-	-	1,035.88	-	-	-	1,128
8650	Transmission - Maintenance of measuring equipment	01008 Expense Labor Accrual	-	-	-	80.85	(80.65)	8.80	-	-	517.94	(517.94)	-	-	-
8650	Transmission - Maintenance of measuring equipment	02001 Inventory Materials	-	-	-	-	-	-	-	-	-	-	187.67	-	188
8650	Transmission - Maintenance of measuring equipment	02004 Warehouse Loading Charge	-	-	-	-	-	-	-	-	-	-	28.27	-	28
8650	Transmission - Maintenance of measuring equipment	02005 Non-Inventory Supplies	-	-	(1,136.95)	-	71.00	-	-	(284.02)	(34.08)	-	-	(69.22)	(1,433)
8650	Transmission - Maintenance of measuring equipment	04040 Community Rel&Trade Shows	-	-	-	-	-	(500.00)	-	-	-	-	-	-	(500)
8650	Transmission - Maintenance of measuring equipment	05414 Lodging	-	-	-	-	-	-	-	-	-	-	-	(77.17)	(77)
8650	Transmission - Maintenance of measuring equipment	08111 Contract Labor	-	-	-	-	-	-	-	-	-	-	-	1,441.00	1,441
8650	Transmission - Maintenance of other equipment	08111 Contract Labor	-	-	-	-	-	-	-	-	-	-	7,608.62	-	7,607
8700	Engineering - Operation Supervision and Distribution	01000 Non-project Labor	29,734.28	38,536.35	39,878.95	38,498.50	67,366.02	8,861.65	41,692.20	35,438.97	43,653.85	48,089.67	47,812.62	(3,766.75)	433,772
8700	Engineering - Operation Supervision and Distribution	01001 Capital Labor	2,815.88	(32,046.11)	(28,191.80)	(25,418.47)	107,388.89	(200,525.24)	(29,211.05)	(24,468.71)	(30,618.70)	12,528.04	180,600.13	(161,764.00)	(228,811)
8700	Engineering - Operation Supervision and Distribution	01002 Capital Labor Contra	(10,354.70)	35,986.00	32,917.52	50,273.08	(112,018.77)	206,210.72	34,847.63	23,154.84	38,439.47	(16,281.05)	(191,627.90)	164,461.14	256,008
8700	Engineering - Operation Supervision and Distribution	01006 O&M Project Labor and Contra	(2,355.92)	(388.44)	(528.01)	94.28	814.19	(518.50)	(985.18)	-	1,337.40	(2,038.41)	1,987.28	-	(2,689)
8700	Engineering - Operation Supervision and Distribution	01008 Expense Labor Accrual	6,858.15	9,523.53	(2,642.97)	8,047.33	(37,592.43)	16,623.96	9,005.63	1,277.48	3,622.76	10,153.42	(42,248.03)	18,261.36	1,622
8700	Engineering - Operation Supervision and Distribution	01011 Capital Labor Transfer In	4,113.13	(2,775.20)	(1,374.15)	(8,302.09)	62,458.67	(98,731.90)	(34,258.73)	2,867.58	(9,530.12)	(1,430.46)	100,894.75	(84,218.64)	(68,287)
8700	Engineering - Operation Supervision and Distribution	01012 Capital Labor Transfer Out	3,825.69	(1,144.89)	(3,351.67)	(14,422.09)	(65,545.47)	91,046.42	32,208.80	(1,553.51)	846.59	6,046.23	(90,168.98)	81,501.50	39,091
8700	Engineering - Operation Supervision and Distribution	01013 Expense Labor Transfer In	(4,079.07)	(1,707.93)	(1,611.89)	2,551.38	1,629.21	(991.58)	(223.41)	-	504.46	(291.57)	1,736.48	(83.80)	(2,567)
8700	Engineering - Operation Supervision and Distribution	01014 Expense Labor Transfer Out	2,355.92	398.44	526.01	(94.29)	(814.19)	518.50	985.18	-	(1,337.40)	2,038.41	(1,987.28)	-	2,589
8700	Engineering - Operation Supervision and Distribution	01200 Benefits Load	249.21	-	-	-	-	-	-	-	-	-	-	-	249
8700	Engineering - Operation Supervision and Distribution	02001 Inventory Materials	-	-	-	-	-	-	605.47	-	51.82	7.53	-	-	665
8700	Engineering - Operation Supervision and Distribution	02004 Warehouse Loading Charge	-	-	-	-	-	-	84.77	-	7.27	1.05	-	-	93
8700	Engineering - Operation Supervision and Distribution	02005 Non-Inventory Supplies	(571.71)	(648.48)	408.54	620.62	(159.04)	(875.44)	(945.87)	41.31	1,067.81	1,127.42	(2,323.16)	6.99	(2,148)
8700	Engineering - Operation Supervision and Distribution	03003 Capitalized transportation costs	4.85	-	(8.86)	(77.36)	-	(54.98)	(8.28)	(59.76)	(71.43)	(5.91)	(14.16)	(48.40)	(341)
8700	Engineering - Operation Supervision and Distribution	03004 Vehicle Expense	(14.22)	-	25.50	145.07	-	160.17	172.78	104.32	151.00	13.95	29.73	80.52	889
8700	Engineering - Operation Supervision and Distribution	04001 Safety,Newspaper	-	-	-	-	-	-	(278.59)	-	-	-	-	-	(277)
8700	Engineering - Operation Supervision and Distribution	04002 Required By Law, Safety	-	-	-	-	-	(10.00)	-	(21.00)	-	-	-	-	(31)
8700	Engineering - Operation Supervision and Distribution	04021 Promo Other,Misc	-	-	-	-	-	-	84.44	-	(147.67)	228.70	-	-	145
8700	Engineering - Operation Supervision and Distribution	04040 Community Rel&Trade Shows	-	-	102.74	-	-	-	-	-	-	30.82	188.53	-	322
8700	Engineering - Operation Supervision and Distribution	04043 Employee Participation	-	83.15	-	-	-	-	-	-	-	-	-	-	93
8700	Engineering - Operation Supervision and Distribution	04044 Advertising	-	-	-	163.87	210.00	-	-	-	-	(1,350.00)	(284.18)	-	(1,280)
8700	Engineering - Operation Supervision and Distribution	04046 Cust Relations & Assist	-	-	-	(189.20)	278.25	-	197.97	-	-	-	-	-	280
8700	Engineering - Operation Supervision and Distribution	04054 Postage - Inserter	-	-	-	-	-	-	-	-	(25.08)	-	-	-	(25)
8700	Engineering - Operation Supervision and Distribution	04112 Board Meeting Expenses	-	-	-	-	-	(45.24)	-	-	-	-	-	-	(45)
8700	Engineering - Operation Supervision and Distribution	04146 Public Relations	-	-	-	-	-	-	(200.00)	-	-	-	-	-	(200)
8700	Engineering - Operation Supervision and Distribution	04201 Software Maintenance	-	-	241.80	120.80	(8,464.20)	120.80	66.10	120.80	(1,655.27)	(34.23)	120.80	120.80	(7,242)
8700	Engineering - Operation Supervision and Distribution	04212 IT Equipment Maintenance	-	-	-	-	-	-	-	-	-	-	-	8.25	8
8700	Engineering - Operation Supervision and Distribution	04302 Heavy Equipment	9.94	-	-	-	9.00	(200.75)	-	-	-	-	158.03	(9.60)	(35)
8700	Engineering - Operation Supervision and Distribution	04307 Heavy Equipment Capitalized	(8.45)	-	-	-	(7.65)	-	-	-	-	-	(132.63)	8.16	(141)
8700	Engineering - Operation Supervision and Distribution	04427 Wash & Grease	-	-	-	-	-	-	-	(29.00)	-	-	-	-	(29)
8700	Engineering - Operation Supervision and Distribution	04582 Building Maintenance	10.05	-	-	-	10.39	-	(100.78)	(215.11)	(9.53)	-	(44.10)	34.49	(315)
8700	Engineering - Operation Supervision and Distribution	04590 Utilities	7,341.21	6,611.45	3,397.98	8,208.12	4,887.06	5,814.62	(1,885.43)	(631.20)	(1,534.56)	1,720.81	457.89	(372.62)	32,214

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8700	Distribution - Operation Supervision and Engineering	04592	Misc Rents	-	-	-	-	-	-	-	-	-	24.00	-	24	
8700	Distribution - Operation Supervision and Engineering	04599	Capitalized Utility Costs	(3,894.00)	(3,129.10)	(1,612.21)	(2,568.42)	(2,139.46)	(2,419.07)	1,030.32	717.76	1,113.78	(845.89)	(42.42)	(195.95)	(14,005)
8700	Distribution - Operation Supervision and Engineering	05010	Office Supplies	1,688.69	(1,497.70)	(2,301.35)	1,488.02	312.57	(4,026.14)	6,187.70	540.02	(508.95)	5,311.19	(239.08)	284.78	7,238
8700	Distribution - Operation Supervision and Engineering	05111	Postage/Delivery Services	(144.87)	(19.11)	(272.39)	48.97	(72.83)	(15.86)	149.38	174.53	(548.85)	925.14	(4.87)	138.49	380
8700	Distribution - Operation Supervision and Engineering	05310	Monthly Lines and service	5,159.85	(3,758.17)	2,009.71	151.16	4,188.53	645.97	(2,269.66)	24,167.18	(182.28)	(945.75)	(805.72)	1,518.85	28,852
8700	Distribution - Operation Supervision and Engineering	05312	Long Distance	-	-	19.90	-	-	-	(24.72)	-	(12.37)	-	-	-	(17)
8700	Distribution - Operation Supervision and Engineering	05316	Telecom Maintenance & Repair	-	-	-	-	-	6,500.00	(136.90)	-	(6,168.65)	-	-	-	194
8700	Distribution - Operation Supervision and Engineering	05323	Measurement & Meter Reading	208.74	(224.00)	45.42	(147.71)	(115.01)	(208.19)	(222.28)	55.77	(88.18)	37.30	(298.70)	240.58	(714)
8700	Distribution - Operation Supervision and Engineering	05331	WAN/LAN/Internet Service	518.54	757.90	884.36	1,018.69	2,516.30	(592.84)	(142.69)	420.84	570.79	528.88	(820.64)	1,528.43	7,165
8700	Distribution - Operation Supervision and Engineering	05364	Cellular, radio, pager charges	(19,710.14)	(2,401.04)	2,401.01	7.24	(14.46)	(230.46)	238.84	(0.01)	0.17	(1.31)	-	0.04	(19,710)
8700	Distribution - Operation Supervision and Engineering	05373	Call service - Field technicians	13,476.79	5,942.48	(4,799.18)	(713.60)	10,512.75	6,321.70	(269.51)	(3,814.68)	7,337.48	3,695.85	3,283.57	5,769.84	48,723
8700	Distribution - Operation Supervision and Engineering	05374	Cell svc-field tech supervisors	2,476.40	1,094.18	(880.35)	(128.78)	1,939.00	1,150.32	(59.62)	(710.84)	1,336.75	643.70	562.34	1,010.78	8,439
8700	Distribution - Operation Supervision and Engineering	05375	Call service - all others	2,921.86	1,354.30	(995.89)	(25.05)	2,492.83	1,756.88	288.33	(490.19)	1,984.70	1,211.13	1,139.74	1,823.48	13,460
8700	Distribution - Operation Supervision and Engineering	05376	and others	-	-	(116.59)	(23.77)	-	-	-	-	-	-	-	-	(140)
8700	Distribution - Operation Supervision and Engineering	05377	Cell phone equipment and accessories	41.97	172.91	79.80	115.93	(74.19)	(21.20)	(42.08)	21.19	(48.73)	47.22	(88.89)	(26.49)	198
8700	Distribution - Operation Supervision and Engineering	06380	Video Conference	-	-	-	-	-	-	-	-	-	(2,158.00)	-	-	(2,158)
8700	Distribution - Operation Supervision and Engineering	06389	Capitalized Telecom Costs	(3,051.70)	(1,071.25)	637.48	183.15	(8,059.83)	(5,694.25)	1,586.89	(8,120.07)	(1,182.15)	(1,048.39)	(1,338.20)	(6,095.42)	(33,245)
8700	Distribution - Operation Supervision and Engineering	06411	Meals & Entertainment	940.41	2,036.47	2,608.59	4,059.43	892.12	4,737.73	3,857.31	2,386.38	2,220.64	6,782.51	(2,259.41)	4,707.90	32,950
8700	Distribution - Operation Supervision and Engineering	06412	Spousal & Dependent Travel	6.34	-	57.35	7.40	891.88	-	-	-	-	489.95	14.39	(35.82)	1,431
8700	Distribution - Operation Supervision and Engineering	06413	Transportation	813.54	(412.92)	257.48	728.37	52.90	(848.90)	(537.08)	(509.90)	(1,230.00)	105.40	(227.68)	(404.33)	(2,214)
8700	Distribution - Operation Supervision and Engineering	06414	Lodging	(651.33)	314.52	3,095.37	644.49	508.95	977.24	1,180.72	2,068.63	5,088.08	8,752.38	5,522.60	3,044.94	30,547
8700	Distribution - Operation Supervision and Engineering	06415	Membership Fees	-	-	-	-	-	(280.00)	-	-	(125.00)	-	-	-	(415)
8700	Distribution - Operation Supervision and Engineering	06417	Club Dues - Deductible	-	-	-	62.50	(40.00)	150.00	(3,000.00)	511.04	-	-	(50.00)	(2,386)	
8700	Distribution - Operation Supervision and Engineering	06419	Misc Employee Expense	17,136.66	435.15	(8,223.52)	(1,873.02)	(20,141.77)	(5,105.39)	(352.00)	(340.97)	(576.62)	(89.82)	(48,789.71)	103.10	(67,798)
8700	Distribution - Operation Supervision and Engineering	06420	Employee Development	-	440.88	-	-	39.98	-	-	720.34	-	-	-	550.00	1,751
8700	Distribution - Operation Supervision and Engineering	06421	Training	-	-	-	(227.57)	139.58	-	978.88	(1,577.78)	1,650.00	-	-	464.32	1,427
8700	Distribution - Operation Supervision and Engineering	06424	Books & Manuals	-	-	-	7.45	-	-	-	-	-	-	-	-	7
8700	Distribution - Operation Supervision and Engineering	06425	Regulatory Compliance Training	-	-	-	-	-	-	-	-	50.31	-	-	-	50
8700	Distribution - Operation Supervision and Engineering	06427	Technical (Job Skills) Training	-	-	-	-	-	100.00	(157.50)	-	-	-	(299.00)	(142.00)	(489)
8700	Distribution - Operation Supervision and Engineering	08111	Contract Labor	(50,000.00)	-	-	10,000.00	1,700.00	2,438.67	-	-	21,000.00	-	-	(10,000.00)	(24,891)
8700	Distribution - Operation Supervision and Engineering	08112	Collection Fees	(19,978.01)	(9,488.25)	(31,765.52)	(21,940.15)	(22,037.02)	(10,754.90)	(12,783.92)	(12,771.20)	(10,942.39)	(11,988.34)	(11,640.59)	(11,145.42)	(187,215)
8700	Distribution - Operation Supervision and Engineering	09121	Legal	-	-	16,385.76	75.00	-	-	260.00	1,099.00	522.10	1,850.55	-	-	20,192
8700	Distribution - Operation Supervision and Engineering	07120	Environmental & Safety	31.88	-	-	-	-	-	-	-	-	-	-	(217.59)	(189)
8700	Distribution - Operation Supervision and Engineering	07443	Uniforms	-	1,454.65	(37.45)	-	-	-	-	-	-	-	-	-	1,417
8700	Distribution - Operation Supervision and Engineering	07444	Uniforms Capitalized	-	(815.85)	18.75	-	-	-	-	-	-	-	-	-	(787)
8700	Distribution - Operation Supervision and Engineering	07499	Misc Employee Welfare Exp	(77.23)	75.91	313.17	(4.35)	(168.85)	8.88	1,187.04	(75.60)	22.66	(515.00)	(61.35)	0.90	698
8700	Distribution - Operation Supervision and Engineering	07510	Association Dues	-	-	-	-	-	-	-	-	-	(150.00)	-	-	(150)
8700	Distribution - Operation Supervision and Engineering	07590	Misc General Expense	1,921.17	242.21	522.92	(202.89)	942.75	11,904.79	2,319.45	2,510.05	(372.59)	2,273.65	(311.56)	1,398.23	23,146
8700	Distribution - Operation Supervision and Engineering	09911	Reimbursements	-	75.03	-	-	32.05	-	-	1,810.97	-	-	995.81	-	2,714
8710	Distribution - Distribution Load Dispatching	04590	Utilities	4.32	41.34	(12.24)	24.28	(13.04)	3.06	(12.43)	20.27	2.02	(7.89)	27.60	(40.52)	37
8711	Distribution - Oerization	07120	Environmental & Safety	3,924.12	-	-	-	-	-	-	-	-	-	-	-	3,924
8740	Distribution - Mains and Services Expenses	01000	Non-project Labor	10,880.55	17,038.00	4,738.02	18,802.40	70,809.75	(8,077.02)	12,342.68	(6,298.94)	(3,382.75)	(7,893.40)	47,885.15	(74,983.29)	81,753
8740	Distribution - Mains and Services Expenses	01006	O&M Project Labor and Contra	-	-	-	-	(5,222.78)	-	-	-	-	-	-	-	(5,223)
8740	Distribution - Mains and Services Expenses	01008	Expense Labor Accrual	7,097.51	8,858.22	(16,583.54)	19,430.25	(64,331.13)	52,412.84	(595.47)	(6,991.72)	(3,995.16)	2,406.89	(48,859.80)	49,370.51	(3,771)
8740	Distribution - Mains and Services Expenses	01013	Expense Labor Transfer In	-	-	-	-	-	(5,222.78)	-	-	-	-	-	-	(5,223)
8740	Distribution - Mains and Services Expenses	01014	Expense Labor Transfer Out	-	-	-	-	-	5,222.78	-	-	-	-	-	-	5,223
8740	Distribution - Mains and Services Expenses	02001	Inventory Materials	947.85	1,885.66	(1,910.44)	(597.43)	2,058.55	474.38	398.79	2,310.49	(1,832.20)	(1,681.87)	4,038.73	(7,851.06)	(2,081)



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8750	Distribution - Measuring and Regulating Station Expenses - General	07443	Uniforms	-	-	-	-	-	-	(118.99)	-	-	-	-	-	(120)
8750	Distribution - Measuring and Regulating Station Expenses - General	07444	Uniforms Capitalized	-	-	-	-	-	-	58.29	-	-	-	-	-	58
8750	Distribution - Measuring and Regulating Station Expenses - General	07590	Misc General Expense	(10,800.00)	-	-	197.27	-	-	25.00	-	-	-	-	-	(10,678)
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01000	Non-project Labor	7,078.02	(1,253.07)	2,876.36	2,134.91	7,770.68	(4,207.89)	2,338.42	2,051.91	(2,303.70)	(442.69)	6,707.01	(3,806.53)	19,743
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01008	Expense Labor Accrual	3,181.43	(2,256.93)	802.25	456.19	(4,515.02)	2,655.72	1,168.07	476.84	(2,830.83)	1,277.10	(2,931.49)	3,242.36	725
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02001	Inventory Materials	(146.92)	(816.86)	(543.52)	43.46	165.89	320.25	81.80	445.31	(378.29)	(340.88)	788.47	(288.47)	(682)
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02004	Warehouse Loading Charge	93.25	(114.36)	(76.10)	6.08	53.49	14.57	11.47	82.34	(52.97)	(47.69)	111.78	73.85	136
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02005	Non-inventory Supplies	(3,891.61)	137.77	-	42.95	(185.21)	(118.65)	1,436.95	43.21	(55.01)	1,291.72	204.06	(46.33)	(912)
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05010	Office Supplies	-	-	-	-	(66.30)	-	-	-	-	-	-	-	(66)
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05411	Meals & Entertainment	(19.94)	-	(5.60)	(110.69)	-	-	159.86	-	(22.71)	49.45	-	119.33	170
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05413	Transportation	(19.93)	-	(5.60)	(10.79)	-	-	91.28	-	-	-	-	-	55
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05414	Lodging	-	-	-	8.36	-	(74.33)	301.78	-	-	-	121.41	382.52	720
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05421	Training	-	-	-	-	-	-	-	-	-	-	-	50.00	50
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05427	Technical (Job Skills) Training	-	-	-	-	-	-	100.00	-	-	-	-	-	100
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	07590	Misc General Expense	-	-	-	-	-	-	25.00	-	-	-	-	-	25
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	01000	Non-project Labor	2,764.53	1,642.46	(1,521.99)	(931.04)	5,638.81	(335.87)	(1,144.77)	(423.20)	1,630.75	2,130.10	5,587.42	(6,078.09)	8,959
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	01008	Expense Labor Accrual	366.81	8.13	(1,889.48)	816.37	(1,088.84)	1,515.85	(688.75)	210.83	818.91	816.87	(2,173.99)	376.11	(1,099)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02001	Inventory Materials	262.33	467.05	(466.28)	42.59	510.78	374.95	124.01	807.13	(756.10)	(15.98)	1,491.18	(131.60)	2,810
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02004	Warehouse Loading Charge	211.86	65.39	(65.28)	5.98	102.61	21.39	17.38	127.01	(105.85)	(2.22)	208.79	139.20	723
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02005	Non-inventory Supplies	560.97	20,981.34	(659.47)	3,107.28	(1,034.74)	3,469.16	47.37	(3,463.64)	(2,683.14)	3,489.62	422.17	2,728.70	26,826
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04580	Building Lease/Rents Capitalized	-	-	-	-	5,199.71	-	(4,085.41)	-	-	-	-	-	1,133
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04581	Building Lease/Rents	-	-	-	-	(10,000.00)	-	20,000.00	-	-	-	-	-	10,000
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04582	Building Maintenance	785.00	(165.00)	-	180.00	(55.00)	-	-	(1,645.00)	120.00	(3,205.00)	(221.00)	891.00	(3,335)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04590	Utilities	1,357.15	(2,678.51)	(599.27)	(187.34)	(105.64)	(341.52)	53.39	(721.13)	(229.49)	(37.90)	(709.19)	246.95	(3,933)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04592	Misc Rents	-	-	-	-	20,100.00	-	(20,000.00)	-	-	-	-	-	100
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04889	Land Rights	-	-	-	-	-	-	(23.00)	-	-	-	-	-	(23)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05414	Lodging	-	-	289.20	-	-	-	-	-	-	-	-	-	289
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05427	Technical (Job Skills) Training	-	-	-	-	-	-	-	-	-	-	-	100.00	100
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	08111	Contract Labor	-	-	-	-	-	-	-	3,000.00	-	(4,394.00)	-	420.00	(974)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	07499	Misc Employee Welfare Exp	-	-	-	-	-	-	-	-	-	(150.71)	-	-	(151)
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	07590	Misc General Expense	-	-	-	-	-	-	-	-	2,100.00	-	-	-	2,100
8780	Distribution - Meter and House Regulator Expenses	01000	Non-project Labor	11,206.44	2,808.37	13,282.98	20,377.25	51,322.54	(25,746.48)	3,244.63	365.75	133.75	(6,559.12)	15,941.65	(42,939.80)	43,438
8780	Distribution - Meter and House Regulator Expenses	01008	Expense Labor Accrual	9,376.01	(440.15)	(2,721.85)	14,787.42	(54,351.48)	35,924.18	1,849.49	(981.50)	(3,812.73)	(537.88)	(35,822.10)	36,712.00	2
8780	Distribution - Meter and House Regulator Expenses	02001	Inventory Materials	(254.57)	22.13	(1,791.92)	(898.74)	342.18	(165.81)	(25.51)	938.26	(878.95)	(313.30)	54.05	91.82	(2,880)
8780	Distribution - Meter and House Regulator Expenses	02004	Warehouse Loading Charge	138.51	3.09	(260.87)	(125.81)	117.88	(93.16)	(3.57)	131.36	(123.08)	(43.87)	7.55	187.00	(55)
8780	Distribution - Meter and House Regulator Expenses	02005	Non-inventory Supplies	(48.76)	(10.82)	(195.90)	8.95	(61.09)	(63.59)	(4,207.82)	(13.95)	23.74	(162.35)	(8.02)	(128.64)	(4,867)
8780	Distribution - Meter and House Regulator Expenses	02008	Purchasing Card Charges	-	-	21.50	-	-	-	-	-	-	-	-	-	22
8780	Distribution - Meter and House Regulator Expenses	03003	Capitalized transportation costs	(4.01)	-	-	-	-	-	-	-	-	4.82	10.27	-	11
8780	Distribution - Meter and House Regulator Expenses	03004	Vehicle Expense	7.68	-	-	-	-	-	-	-	-	(10.00)	(23.91)	-	(26)
8780	Distribution - Meter and House Regulator Expenses	04302	Heavy Equipment	-	-	-	-	-	-	-	-	-	-	104.08	-	104
8780	Distribution - Meter and House Regulator Expenses	04307	Heavy Equipment Capitalized	-	-	-	-	-	-	-	-	-	-	(88.47)	-	(88)
8780	Distribution - Meter and House Regulator Expenses	04590	Utilities	(418.75)	340.18	(775.82)	(311.86)	(76.07)	(888.99)	648.34	(979.03)	414.85	119.10	80.64	475.00	(1,372)
8780	Distribution - Meter and House Regulator Expenses	05010	Office Supplies	(878.12)	132.99	(24.26)	(86.27)	202.81	(605.55)	174.72	(79.82)	(1,145.03)	532.40	(1,357.33)	(443.34)	(3,577)





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8850	Distribution - Maintenance Supervision and Engineering	05411	Meals & Entertainment	(1,281.84)	(534.00)	(532.85)	(1,147.21)	(1,208.72)	(380.47)	(1,018.37)	(928.78)	(1,425.90)	(263.73)	(528.77)	(781.16)	(10,040)
8850	Distribution - Maintenance Supervision and Engineering	05412	Spousal & Dependent Travel	6.03	-	-	-	-	-	-	-	-	-	(5.61)	-	0
8850	Distribution - Maintenance Supervision and Engineering	05413	Transportation	(66.08)	(437.97)	(87.88)	-	-	-	-	-	-	-	-	-	(572)
8850	Distribution - Maintenance Supervision and Engineering	05414	Lodging	(353.73)	(379.30)	(339.18)	(500.29)	(137.38)	(82.25)	(555.10)	(387.23)	(732.19)	(140.53)	(89.00)	-	(3,886)
8850	Distribution - Maintenance Supervision and Engineering	05418	Misc Employee Expense	(132.65)	(30.67)	(92.20)	(523.58)	(116.58)	-	-	-	-	-	-	-	(895)
8850	Distribution - Maintenance Supervision and Engineering	05427	Technical (Job Skills) Training	-	-	-	-	-	-	(157.50)	-	-	-	-	-	(158)
8850	Distribution - Maintenance Supervision and Engineering	05428	Computer Skills & Systems Training	-	-	-	-	-	(47.99)	-	-	-	-	-	-	(48)
8850	Distribution - Maintenance Supervision and Engineering	07120	Environmental & Safety	34.05	-	-	-	-	-	-	-	-	-	-	-	34
8850	Distribution - Maintenance Supervision and Engineering	07499	Misc Employee Welfare Exp	-	-	-	-	-	-	-	(8.88)	-	(28.47)	-	-	(33)
8850	Distribution - Maintenance Supervision and Engineering	07590	Misc General Expense	-	-	-	-	-	-	-	(8.38)	-	-	(7.31)	-	(16)
8860	Distribution - Maintenance of Structures and Improvements	02005	Non-Inventories Supplies	3.35	-	-	-	-	-	-	-	-	-	-	(84.92)	(62)
8860	Distribution - Maintenance of Structures and Improvements	04582	Building Maintenance	(202.11)	254.45	8.32	222.15	3.80	(1,069.07)	(1,487.83)	1,591.20	894.45	(1,290.15)	(18.04)	(823.21)	(1,915)
8870	Distribution - Maintenance of Mains	01000	Non-project Labor	(715.08)	(825.45)	(225.43)	(2,537.15)	(948.03)	(3,540.41)	(1,697.25)	(2,356.51)	(1,698.57)	(3,479.35)	(1,669.55)	(2,231.24)	(21,894)
8870	Distribution - Maintenance of Mains	01008	Expense Labor Accrual	572.22	(185.15)	(93.34)	(1,179.19)	(231.58)	1,094.84	18.85	(494.17)	86.66	(1,054.12)	(1,101.42)	3,016.74	418
8870	Distribution - Maintenance of Mains	02001	Inventory Materials	(200.09)	79.59	(185.88)	(23.64)	5.45	(3.48)	(85.98)	165.73	(108.02)	(245.74)	87.34	25.02	(522)
8870	Distribution - Maintenance of Mains	02004	Warehouse Loading Charge	(21.87)	11.14	(26.03)	(3.31)	3.80	(3.52)	(13.43)	23.20	(15.25)	(34.54)	9.43	0.84	(81)
8870	Distribution - Maintenance of Mains	02005	Non-Inventories Supplies	10.82	(9.52)	(207.83)	(21.32)	54.35	(283.79)	(2,571.74)	145.96	(17.75)	520.85	-	-	(2,390)
8870	Distribution - Maintenance of Mains	04582	Building Maintenance	-	(84.95)	(30.00)	-	-	-	-	-	-	-	-	-	(115)
8870	Distribution - Maintenance of Mains	04585	Railroad easements and crossings	-	(15.00)	45.00	-	-	15.00	-	-	-	-	-	-	45
8870	Distribution - Maintenance of Mains	05312	Long Distance	-	-	-	-	-	-	-	-	(4.99)	-	-	-	(5)
8870	Distribution - Maintenance of Mains	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	2.58	-	-	-	3
8870	Distribution - Maintenance of Mains	05411	Meals & Entertainment	-	-	-	-	-	(12.39)	(24.65)	-	(357.35)	(75.39)	-	(81.55)	(581)
8870	Distribution - Maintenance of Mains	05414	Lodging	-	-	-	-	-	-	(37.09)	-	(181.88)	(112.02)	-	(331)	
8870	Distribution - Maintenance of Mains	08111	Contract Labor	-	-	-	-	-	-	-	-	-	1,048.00	-	-	1,048
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01000	Non-project Labor	(869.12)	(443.30)	-	(110.94)	-	(221.68)	(411.01)	(2,865.13)	656.44	(780.45)	(749.58)	(3,889.71)	(9,664)
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01008	Expense Labor Accrual	(1,149.62)	39.94	177.34	(80.95)	60.98	(38.95)	(86.35)	(978.48)	1,429.98	(719.28)	(1,078.68)	1,058.17	(1,333)
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02001	Inventory Materials	(21.19)	-	(23.34)	-	-	-	(77.64)	-	(11.94)	-	(50.85)	-	(185)
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02004	Warehouse Loading Charge	(2.97)	-	(3.27)	-	-	-	(10.91)	-	(1.87)	-	(7.12)	-	(26)
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02005	Non-Inventories Supplies	880.69	-	221.58	-	-	(1,475.66)	(2,868.02)	-	549.81	2,836.76	(1,570.57)	387.30	(1,238)
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	04306	Parts	-	323.00	-	-	-	-	-	-	-	-	-	-	323
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	(10,558.40)	(3,628.00)	(14,386)
8900	Distribution - Maint. of Industrial Regulating Station Equip. - Industrial	02005	Non-Inventories Supplies	582.87	-	(455.00)	(27.30)	284.06	283.74	(2,635.65)	(114.74)	522.53	3,138.67	(334.30)	-	1,245
8900	Distribution - Maint. of Industrial Regulating Station Equip. - Industrial	08111	Contract Labor	-	-	-	-	-	-	-	-	-	-	(2,103.00)	-	(2,103)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01000	Non-project Labor	-	-	-	(529.12)	-	-	-	-	-	-	-	-	(529)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01008	Expense Labor Accrual	-	-	-	(291.02)	291.02	-	-	-	-	-	-	-	-
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	02005	Non-Inventories Supplies	150.68	-	491.39	(240.16)	209.49	300.00	(2,634.10)	(201.40)	111.88	697.67	-	1,053.65	(71)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04302	Heavy Equipment	(80.00)	-	11.85	-	-	-	-	-	-	-	-	120.00	42
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04307	Heavy Equipment Capitalized	76.50	-	(10.07)	-	-	-	-	-	-	-	-	(102.00)	(36)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	08111	Contract Labor	(2,577.25)	-	-	-	-	-	-	-	-	5,399.00	(3,334.00)	(2,000.00)	(2,612)
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	07590	Misc General Expense	(7,855.80)	(82.55)	-	-	-	-	-	-	-	-	-	-	(7,938)
8920	Distribution - Maintenance of Services	01000	Non-project Labor	543.44	115.54	(1,248.09)	(1,435.70)	1,307.27	(1,544.84)	(1,493.73)	(954.48)	(2,847.75)	(1,614.58)	625.12	(1,717.22)	(10,264)
8920	Distribution - Maintenance of Services	01008	Expense Labor Accrual	184.12	(102.23)	(939.43)	87.60	(1,394.54)	2,020.59	(431.84)	91.07	(1,172.71)	892.19	(1,219.88)	2,199.60	(36)
8920	Distribution - Maintenance of Services	02005	Non-Inventories Supplies	(22.48)	-	-	-	-	-	437.00	-	-	-	-	-	415
8920	Distribution - Maintenance of Services	05312	Long Distance	-	-	-	-	-	-	-	-	(5.00)	-	-	(5)	
8920	Distribution - Maintenance of Services	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	2.58	-	-	3	
8920	Distribution - Maintenance of Services	05411	Meals & Entertainment	(12.19)	310.23	-	-	-	5.44	(24.65)	-	(357.32)	(75.37)	-	(91.53)	(245)
8920	Distribution - Maintenance of Services	05413	Transportation	-	(10.99)	-	92.43	(9.50)	-	-	-	-	-	-	-	72
8920	Distribution - Maintenance of Services	05414	Lodging	-	-	-	-	-	-	(37.09)	-	(181.88)	(112.02)	-	-	(331)
8930	Distribution - Maintenance of Meters and House Regulators	01000	Non-project Labor	-	72.64	-	335.86	287.36	(336.14)	836.40	35.08	200.00	-	-	70.16	1,501
8930	Distribution - Maintenance of Meters and House Regulators	01008	Expense Labor Accrual	-	36.27	(36.27)	218.32	(170.43)	(103.81)	348.78	(276.95)	84.21	(100.00)	-	21.05	21
8930	Distribution - Maintenance of Meters and House Regulators	02005	Non-Inventories Supplies	-	-	-	-	-	63.14	(1.88)	-	-	-	-	-	61
8940	Distribution - Maintenance of Other Equipment	02005	Non-Inventories Supplies	(1,237.33)	(84.12)	(623.09)	(1,587.94)	(2,862.52)	(1,535.39)	2,170.00	(1,348.05)	(1,201.35)	418.87	482.99	(85.25)	(7,493)
8940	Distribution - Maintenance of Other Equipment	04302	Heavy Equipment	20.95	62.90	-	-	74.45	(4.11)	-	105.82	-	132.10	(48.54)	202.88	548

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8940	Distribution - Maintenance of Other Equipment	04307	Heavy Equipment Capitalized	(17,81)	(53.47)	-	-	(63.28)	-	-	(89.78)	-	(112.29)	39.56	(172.94)	(470)
8940	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	-	(105.94)	-	-	-	-	-	-	-	-	-	(108)
8940	Distribution - Maintenance of Other Equipment	05373	Call service - Field technicians	714.18	-	550.54	479.40	574.13	424.10	423.35	424.61	423.35	1,055.32	618.38	(326.92)	5,358
8940	Distribution - Maintenance of Other Equipment	05374	Cell svc-field tech supervisors	131.23	-	-	-	-	-	-	-	-	(95.27)	-	(60.13)	(24)
8940	Distribution - Maintenance of Other Equipment	05375	Call service - all others	154.84	-	-	-	-	-	-	-	-	(104.33)	-	(70.24)	(20)
8940	Distribution - Maintenance of Other Equipment	05399	Capitalized Telecom Costs	(534.94)	-	(257.04)	(225.84)	(262.00)	(163.88)	(197.64)	(197.90)	(202.08)	(423.14)	(319.89)	235.21	(2,569)
8940	Distribution - Maintenance of Other Equipment	09911	Reimbursements	-	-	-	-	-	-	-	-	-	-	-	(99.50)	(100)
8950	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	-	-	-	-	-	-	-	-	-	-	6.47	8
9010	Customer Accounts - Supervision	02005	Non-Inventory Supplies	(63.00)	-	-	-	-	-	-	-	-	-	-	-	(53)
9010	Customer Accounts - Supervision	05010	Office Supplies	-	-	-	(23.78)	-	-	-	-	-	-	-	-	(24)
9020	Customer Accounts - Meter Reading Expense	01000	Non-project Labor	12,189.57	(6,730.08)	(3,635.89)	(5,490.45)	41,177.82	(39,192.00)	(4,808.26)	3,958.65	30,744.60	(1,874.89)	17,405.88	(43,484.70)	158
9020	Customer Accounts - Meter Reading Expense	01008	Expense Labor Accrual	6,123.89	(4,404.11)	(4,143.94)	5,090.58	(27,889.31)	23,650.49	2,893.55	3,207.25	10,447.71	(14,242.80)	(24,020.11)	19,713.43	(3,784)
9020	Customer Accounts - Meter Reading Expense	02005	Non-Inventory Supplies	(501.24)	-	(13.05)	(99.24)	(20.08)	2,475.93	1,423.65	289.38	(10.58)	891.08	712.07	(211.45)	4,916
9020	Customer Accounts - Meter Reading Expense	03003	Capitalized transportation costs	-	18.48	-	-	-	-	(10.14)	-	-	14.61	-	-	21
9020	Customer Accounts - Meter Reading Expense	03004	Vehicle Expense	-	(31.00)	-	-	-	-	28.74	-	-	(30.60)	-	-	(32)
9020	Customer Accounts - Meter Reading Expense	04590	Utilities	-	-	(17.04)	-	(62.22)	73.16	41.89	(5.78)	11.18	9.08	(17.04)	(47.04)	(14)
9020	Customer Accounts - Meter Reading Expense	05010	Office Supplies	-	184.43	-	-	-	-	(245.00)	154.71	-	-	38.13	-	132
9020	Customer Accounts - Meter Reading Expense	05111	Postage/Delivery Services	-	-	-	(5.21)	9.85	-	(5.21)	(4.80)	-	-	-	-	(5)
9020	Customer Accounts - Meter Reading Expense	05411	Meals & Entertainment	359.81	100.38	24.92	62.76	141.14	(88.04)	(235.18)	453.82	(90.11)	658.08	92.19	252.66	1,732
9020	Customer Accounts - Meter Reading Expense	05412	Spousal & Dependent Travel	31.50	-	-	-	-	-	-	-	-	-	-	-	32
9020	Customer Accounts - Meter Reading Expense	05413	Transportation	966.81	963.31	843.97	-	393.01	(1,297.62)	(178.58)	1,290.78	331.48	209.66	(260.32)	-	3,084
9020	Customer Accounts - Meter Reading Expense	05414	Lodging	1,404.33	508.08	493.76	-	278.45	(378.89)	(464.29)	449.48	170.42	173.54	(440.88)	-	2,198
9020	Customer Accounts - Meter Reading Expense	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	-	6.58	7
9020	Customer Accounts - Meter Reading Expense	05427	Technical (Job Skills) Training	-	-	-	-	139.00	-	-	-	-	-	-	-	139
9020	Customer Accounts - Meter Reading Expense	08111	Contract Labor	-	5,148.80	4,516.89	-	6,512.40	5,788.80	-	2,894.40	46.80	13,024.80	2,894.40	(3,211.11)	37,816
9020	Customer Accounts - Meter Reading Expense	07489	Misc Employee Welfare Exp	-	30.50	-	-	-	-	66.63	-	-	-	791.89	-	919
9030	Customer Accounts - Customer Records and Collection Expenses	01000	Non-project Labor	277.08	6,080.30	2,257.65	3,384.24	8,089.69	(1,047.30)	3,014.00	9,460.30	3,107.53	(549.51)	8,398.03	(4,304.94)	37,167
9030	Customer Accounts - Customer Records and Collection Expenses	01008	Expense Labor Accrual	245.93	2,388.34	(1,670.05)	1,503.15	(4,294.67)	2,188.48	1,238.36	3,184.07	(3,392.45)	(1,304.27)	(2,228.90)	2,115.95	(330)
9030	Customer Accounts - Customer Records and Collection Expenses	04590	Utilities	(658.28)	(228.71)	17.26	(633.58)	(184.70)	(175.55)	288.48	109.21	43.40	(20.33)	(253.14)	(248.29)	(1,847)
9030	Customer Accounts - Customer Records and Collection Expenses	05010	Office Supplies	(288.24)	(0.31)	(938.28)	234.16	255.67	(722.22)	763.77	1,139.93	(929.01)	1,264.63	(402.32)	(1,342.62)	(943)
9030	Customer Accounts - Customer Records and Collection Expenses	05111	Postage/Delivery Services	(43.84)	10.12	(1.43)	(151.91)	(18.41)	0.55	(143.16)	118.79	(55.52)	63.47	(11.71)	18.60	(214)
9030	Customer Accounts - Customer Records and Collection Expenses	05411	Meals & Entertainment	-	-	-	-	-	77.68	-	-	-	-	-	-	78
9030	Customer Accounts - Customer Records and Collection Expenses	05416	Membership Fees	-	-	-	-	100.00	-	-	-	-	(100.00)	-	-	-
9030	Customer Accounts - Customer Records and Collection Expenses	08112	Collection Fees	27,516.35	21,549.81	18,769.73	46,352.93	35,486.52	45,382.06	69,031.81	24,168.45	21,729.12	28,135.09	13,621.99	(7,800.19)	344,846
9030	Customer Accounts - Customer Records and Collection Expenses	08116	Bill Print Fees	(73,467.07)	(83,950.48)	(89,532.85)	(73,918.32)	(80,084.10)	329,457.87	522.57	598.67	(673.18)	(92.89)	(21.75)	-	(70,141)
9030	Customer Accounts - Customer Records and Collection Expenses	07499	Misc Employee Welfare Exp	21.90	-	-	219.20	102.80	40.30	32.00	(33.92)	(19.78)	-	241.53	(204.28)	400
9030	Customer Accounts - Customer Records and Collection Expenses	07690	Misc General Expense	-	-	414.84	-	-	-	-	-	-	-	-	-	415
9040	Customer Accounts - Uncollectible Accounts	09927	Cust Uncol Acct-Write Off	171,364.31	6,591.00	18,433.00	35,895.00	22,094.00	7,585.00	41,244.31	(28,957.00)	(10,585.00)	(20,548.00)	(15,020.00)	(15,268.00)	212,809
9050	Customer Accounts - Miscellaneous Customer Accounts Expense	05010	Office Supplies	-	-	282.94	-	-	-	-	-	-	-	-	-	283
9070	Customer Service and Informational - Supervision	01000	Non-project Labor	(135.27)	(1,853.70)	(3,222.15)	(3,342.93)	(3,342.81)	(5,014.39)	(3,342.80)	(3,342.91)	(3,342.92)	(3,342.69)	(3,342.85)	(5,014.37)	(38,640)
9070	Customer Service and Informational - Supervision	01008	Expense Labor Accrual	(280.98)	(874.81)	(869.80)	(227.53)	(501.43)	1,504.30	(167.13)	(334.29)	(334.30)	(187.13)	(501.47)	1,504.33	(1,230)
9070	Customer Service and Informational - Supervision	04044	Advertising	-	(251.87)	-	-	142.80	-	-	-	(50.00)	-	-	-	(169)
9070	Customer Service and Informational - Supervision	04048	Cust Relations & Asslet	-	-	-	-	-	(70.00)	-	-	-	(1,676.00)	(498.67)	(2,243)	
9070	Customer Service and Informational - Supervision	05010	Office Supplies	-	-	-	-	-	-	18.32	-	-	-	(17.89)	-	(2)

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9070	Customer Service and Informational - Supervision	05111	Postage/Delivery Services	-	-	-	-	-	(4.69)	-	-	-	-	-	(5)	
9070	Customer Service and Informational - Supervision	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	(0.59)	(1)	
9070	Customer Service and Informational - Supervision	05331	WANLAN/Internet Service	-	-	-	-	-	(3.88)	-	-	-	-	-	(4)	
9070	Customer Service and Informational - Supervision	05399	Capitalized Telecom Costs	-	-	-	-	-	1.91	-	-	-	-	0.30	2	
9070	Customer Service and Informational - Supervision	05411	Meals & Entertainment	270.99	(182.19)	(383.34)	(417.34)	(95.38)	(2,377.65)	(41.60)	(2,071.64)	(287.58)	(482.62)	(240.49)	(15.14)	(5,324)
9070	Customer Service and Informational - Supervision	05412	Spousal & Dependent Travel	26.68	-	-	-	-	(60.77)	-	(71.25)	(50.95)	(20.00)	(24.88)	-	(201)
9070	Customer Service and Informational - Supervision	05413	Transportation	1,240.73	(323.71)	(459.58)	(970.85)	(425.78)	(1,885.87)	(159.58)	(1,047.17)	(808.05)	(1,419.84)	(1,423.47)	(54.92)	(7,738)
9070	Customer Service and Informational - Supervision	05414	Lodging	324.33	(482.96)	(478.93)	(404.31)	(285.59)	(1,337.78)	(224.72)	(591.81)	(243.50)	(592.32)	(1,348.93)	(67.03)	(5,713)
9070	Customer Service and Informational - Supervision	05419	Misc Employee Expense	38.43	(432.82)	-	-	-	-	-	(18.00)	-	-	(99.96)	-	(514)
9070	Customer Service and Informational - Supervision	05424	Books & Manuals	-	-	-	-	-	-	-	-	-	(62.35)	-	-	(82)
9070	Customer Service and Informational - Supervision	07590	Misc General Expense	-	-	-	-	-	-	-	(11.94)	-	-	-	-	(12)
9080	Customer Assistance Expenses	01000	Non-project Labor	(168.01)	(5,098.55)	(8,572.34)	(8,119.68)	(9,192.40)	(12,315.81)	(8,349.40)	(7,800.57)	(8,220.72)	(9,016.48)	(9,939.79)	(13,041.33)	(97,833)
9080	Customer Assistance Expenses	01008	Expense Labor Accrual	(843.67)	(2,434.46)	(1,248.75)	(1,179.64)	(1,988.67)	4,382.04	(452.18)	(615.41)	(900.13)	(848.71)	(1,998.78)	4,784.29	(3,412)
9080	Customer Assistance Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	(75.00)	-	-	(75)
9080	Customer Assistance Expenses	04046	Cust Relations & Assist	-	-	-	-	-	-	-	-	-	(18.18)	(33.46)	(15.58)	(68)
9080	Customer Assistance Expenses	05010	Office Supplies	-	-	-	54.85	-	-	-	-	-	-	-	-	55
9080	Customer Assistance Expenses	05111	Postage/Delivery Services	-	-	-	-	-	-	(24.02)	-	(49.36)	-	-	-	(73)
9080	Customer Assistance Expenses	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	-	(0.59)	(1)
9080	Customer Assistance Expenses	05399	Capitalized Telecom Costs	-	-	-	-	-	-	-	-	-	-	-	0.30	0
9080	Customer Assistance Expenses	05411	Meals & Entertainment	(382.44)	1,444.25	(1,238.48)	(145.29)	(123.70)	(148.72)	(68.98)	(66.18)	-	(90.36)	(672.20)	(131.50)	(1,622)
9080	Customer Assistance Expenses	05412	Spousal & Dependent Travel	-	-	-	-	-	-	-	-	-	(1,530.00)	-	-	(1,530)
9080	Customer Assistance Expenses	05413	Transportation	(1,674.04)	(507.06)	(1,336.43)	(2,429.77)	(997.50)	(878.78)	(832.82)	(1,040.60)	(503.99)	(1,042.28)	(1,384.12)	(732.72)	(13,340)
9080	Customer Assistance Expenses	05414	Lodging	(75.81)	(249.00)	(237.32)	(152.76)	(330.84)	(440.52)	-	(121.13)	(335.31)	(10.67)	(848.48)	(286.64)	(3,089)
9080	Customer Assistance Expenses	05417	Club Dues - Deductible	-	-	-	-	-	(32.47)	-	-	-	-	-	-	(32)
9080	Customer Assistance Expenses	05419	Misc Employee Expense	(302.83)	(1.86)	(128.56)	(143.38)	(105.00)	(11.79)	-	-	-	-	-	-	(891)
9090	Informational and Instructional Advertising Expenses	01000	Non-project Labor	301.50	4,811.80	4,322.65	3,508.73	6,416.75	2,523.58	3,508.73	3,508.73	3,738.07	3,508.74	6,416.77	2,350.07	44,908
9090	Informational and Instructional Advertising Expenses	01008	Expense Labor Accrual	(43.09)	2,307.88	(337.58)	349.38	(2,675.02)	1,089.63	437.41	350.67	175.34	350.68	(2,384.01)	1,331.99	934
9090	Informational and Instructional Advertising Expenses	04021	Promo Other, Misc	-	-	378.06	11.68	62.56	-	-	-	-	(700.00)	-	-	(247)
9090	Informational and Instructional Advertising Expenses	04040	Community Ref&Trade Shows	-	-	523.20	-	-	(489.70)	-	-	52.50	-	-	(197.16)	(111)
9090	Informational and Instructional Advertising Expenses	04044	Advertising	1,215.25	6,623.75	473.16	308.85	249.00	(17.88)	(295.00)	(250.12)	(75.00)	(435.00)	(400.00)	-	7,397
9090	Informational and Instructional Advertising Expenses	04046	Cust Relations & Assist	21.19	378.44	7,279.75	(188.79)	350.46	(1,325.18)	(230.39)	145.98	(381.83)	138.31	119.31	(1,271.14)	5,034
9090	Informational and Instructional Advertising Expenses	05010	Office Supplies	(44.20)	179.18	20.33	384.04	(91.92)	(205.01)	313.49	(394.02)	(270.67)	318.11	(651.80)	(245.09)	(678)
9090	Informational and Instructional Advertising Expenses	05411	Meals & Entertainment	-	284.27	295.65	292.81	-	485.70	151.76	159.42	745.20	251.43	(16.44)	400.00	3,030
9090	Informational and Instructional Advertising Expenses	05413	Transportation	-	-	1,012.55	888.67	-	235.65	624.38	695.65	347.66	727.31	509.92	-	5,642
9090	Informational and Instructional Advertising Expenses	05414	Lodging	-	-	233.51	492.74	-	-	165.68	382.05	117.45	84.35	420.25	-	1,896
9090	Informational and Instructional Advertising Expenses	05416	Club Dues - Nondeductible	-	-	-	-	-	-	-	-	(55.00)	-	-	-	(55)
9090	Informational and Instructional Advertising Expenses	05417	Club Dues - Deductible	-	-	52.25	123.50	-	52.25	52.25	104.50	52.25	52.25	52.25	-	542

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8090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	35.08	-	-	-	35
8090	Customer Service and Informational - Informational and Instructional Advertising Expenses	07590	Misc General Expense	-	-	-	(1,495.83)	(157.00)	-	(9.42)	-	-	-	(133.02)	-	(1,795)
9100	Miscellaneous Customer Service and Informational Expenses	04040	Community Rel&Trade Shows	-	-	-	-	-	-	-	-	-	-	(26.49)	-	(26)
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	-	-	45.00	45
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04046	Cust Relations & Assist	-	-	-	-	-	-	399.00	-	-	-	-	-	399
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	05010	Office Supplies	-	-	-	-	-	-	-	-	-	-	(14.65)	-	(15)
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	07499	Misc Employee Welfare Exp	-	-	-	-	-	-	-	-	-	-	(7.78)	-	(8)
9110	Sales - Supervision	01000	Non-project Labor	10,513.00	22,609.44	20,642.39	22,289.18	32,605.05	21,597.30	22,463.75	21,437.88	23,317.33	18,758.38	28,726.77	18,607.33	263,535
9110	Sales - Supervision	01008	Expense Labor Accrual	3,582.94	7,624.95	(1,006.43)	4,215.23	(8,429.98)	365.25	2,421.35	1,784.73	1,980.80	(372.92)	(8,825.71)	1,245.07	5,595
9110	Sales - Supervision	03003	Capitalized transportation costs	-	-	-	-	-	-	(0.82)	-	-	-	-	-	(1)
9110	Sales - Supervision	03004	Vehicle Expense	-	-	-	-	-	-	2.25	-	-	-	-	-	2
9110	Sales - Supervision	04021	Promo Other,Misc	-	-	-	-	-	-	48.70	-	-	-	607.54	-	654
9110	Sales - Supervision	04022	Promo Sales, Misc	-	-	-	-	-	-	27.49	-	-	-	-	-	27
9110	Sales - Supervision	04040	Community Rel&Trade Shows	-	(800.00)	-	-	-	8.99	2.25	(857.43)	(337.00)	-	6.00	-	(1,777)
9110	Sales - Supervision	04046	Cust Relations & Assist	(244.84)	2,651.45	876.59	388.80	270.00	(218.28)	478.91	(167.59)	(1,207.72)	552.11	(2,654.13)	(477.63)	(52)
9110	Sales - Supervision	05010	Office Supplies	-	-	-	21.36	-	-	-	-	-	210.94	-	-	232
9110	Sales - Supervision	05312	Long Distance	-	-	-	-	-	-	7.25	-	-	-	-	(0.59)	7
9110	Sales - Supervision	05389	Capitalized Telecom Costs	-	-	-	-	-	-	(3.39)	-	-	-	-	0.30	(3)
9110	Sales - Supervision	05411	Meals & Entertainment	555.64	356.03	534.66	692.76	139.19	987.32	1,889.31	832.86	475.90	1,093.72	441.78	780.41	8,759
9110	Sales - Supervision	05412	Spousal & Dependent Travel	8.00	-	33.21	13.75	10.80	94.09	15.88	9.17	1,187.12	143.93	4.80	21.94	1,543
9110	Sales - Supervision	05413	Transportation	3,910.32	780.28	2,140.16	3,204.09	1,113.21	2,415.61	4,658.95	2,435.24	6,329.38	2,530.67	3,301.18	3,388.54	36,208
9110	Sales - Supervision	05414	Lodging	881.04	1,747.79	595.51	656.09	717.94	1,263.95	1,880.29	652.08	1,487.08	1,897.89	1,672.33	848.07	14,091
9110	Sales - Supervision	05419	Misc Employee Expense	0.88	-	-	-	-	-	-	-	-	-	-	-	1
9110	Sales - Supervision	05420	Employee Development	-	-	-	-	-	-	-	-	-	119.40	-	90.00	209
9110	Sales - Supervision	05421	Training	-	-	-	-	25.00	-	-	-	-	-	-	-	25
9120	Sales - Demonstrating and Selling Expenses	01000	Non-project Labor	3,350.85	(1,787.37)	(1,938.79)	(3,403.32)	(3,770.80)	(4,699.47)	(3,328.05)	(3,048.57)	(3,201.96)	(3,958.09)	(4,897.52)	(7,633.17)	(38,319)
9120	Sales - Demonstrating and Selling Expenses	01008	Expense Labor Accrual	1,481.83	(2,079.59)	(253.45)	(903.43)	(1,042.20)	2,130.95	(214.73)	(220.82)	(382.35)	(561.47)	(1,245.81)	2,168.08	(1,155)
9120	Sales - Demonstrating and Selling Expenses	04017	Promo Sales, Consumer Rel	-	-	-	-	-	(11.64)	-	-	-	-	-	-	(12)
9120	Sales - Demonstrating and Selling Expenses	04021	Promo Other,Misc	-	-	-	500.00	-	400.00	(120.00)	-	(1,130.00)	(508.00)	4,356.16	5,131.49	8,820
9120	Sales - Demonstrating and Selling Expenses	04040	Community Rel&Trade Shows	501.64	6,024.02	(1,141.72)	(509.37)	2,017.73	(7,207.89)	815.84	1,881.41	1,472.00	(934.38)	1,753.92	(2,212.23)	2,481
9120	Sales - Demonstrating and Selling Expenses	04044	Advertising	-	(287.60)	-	-	(458.70)	-	-	-	-	1,473.78	705.51	-	1,455
9120	Sales - Demonstrating and Selling Expenses	04046	Cust Relations & Assist	2,274.22	(5,696.94)	1,981.36	(1,845.99)	(2,496.19)	432.20	12,053.63	9,116.49	(2,706.19)	(9,152.17)	(4,603.93)	645.25	12

**Atmos Energy Corp.; Kentucky/ Mid-States Division**  
**Case No. 2009-00354**  
**Comparison of Expense Account Balances**  
**Variance Sep07-Aug08 vs Sep08-Aug09**  
**KY - Div 009**

9120	Sales - Demonstrating and Selling Expenses	05010	Office Supplies	(72.34)	471.99	(432.33)	35.83	(35.59)	(520.34)	65.59	203.58	(38.30)	8.94	(120.89)	12.98	(421)
9120	Sales - Demonstrating and Selling Expenses	05312	Long Distance	-	-	-	-	-	-	-	-	-	-	(22.70)	(1.64)	(45)
9120	Sales - Demonstrating and Selling Expenses	05373	Call service - Field technicians	-	-	(22.70)	-	-	-	-	-	-	-	(4.77)	-	(8)
9120	Sales - Demonstrating and Selling Expenses	05374	Cell svc-field tech supervisors	-	-	(4.17)	-	-	-	-	-	-	-	(4.92)	-	(10)
9120	Sales - Demonstrating and Selling Expenses	05375	Call service - all others	-	-	(4.92)	-	-	-	-	-	-	-	16.62	0.84	33
9120	Sales - Demonstrating and Selling Expenses	05389	Capitalized Telecom Costs	-	-	-	-	-	(16.00)	(3.99)	(54.65)	-	(120.62)	(54.37)	(39.99)	(282)
9120	Sales - Demonstrating and Selling Expenses	05411	Meals & Entertainment	27.92	-	-	-	-	-	-	-	-	(385.58)	(202.94)	(441.36)	(631)
9120	Sales - Demonstrating and Selling Expenses	05413	Transportation	379.42	-	-	-	-	484.32	-	-	-	(20.74)	(318.78)	(219.91)	(53)
9120	Sales - Demonstrating and Selling Expenses	05414	Lodging	42.52	-	-	-	-	-	-	-	-	-	-	-	2
9120	Sales - Demonstrating and Selling Expenses	05419	Misc Employee Expense	2.47	-	-	-	-	-	-	-	-	(1,785.00)	-	-	(1,785)
9120	Sales - Demonstrating and Selling Expenses	05420	Employee Development	-	-	-	-	-	-	-	-	-	-	-	187.25	197
9120	Sales - Demonstrating and Selling Expenses	07510	Association Dues	-	-	-	-	-	-	-	-	-	-	-	(1,000.00)	(1,000)
9130	Sales - Advertising Expenses	04040	Community Rel&Trade Shows	-	50.00	-	1,015.00	1,600.00	1,850.00	250.00	2,072.00	1,215.00	738.00	3,445.00	300.00	12,535
9130	Sales - Advertising Expenses	04044	Advertising	-	-	-	-	-	-	-	-	-	-	-	1,333.34	1,333
9130	Sales - Advertising Expenses	04046	Cust Relations & Assist	(25.00)	-	-	-	-	-	-	-	-	-	-	-	(662)
9130	Sales - Advertising Expenses	07580	Misc General Expense	(225.00)	-	-	-	-	-	-	-	(437.48)	-	-	-	(847)
9160	Sales - Miscellaneous Sales Expenses	04021	Promo Other,Misc	-	-	35.00	-	-	-	-	-	-	-	-	-	(83)
9160	Sales - Miscellaneous Sales Expenses	04040	Community Rel&Trade Shows	-	-	-	(82.81)	-	-	-	-	-	-	-	-	(29)
9160	Sales - Miscellaneous Sales Expenses	04046	Cust Relations & Assist	-	-	-	(28.62)	-	-	-	-	-	22.79	-	-	(48)
9160	Sales - Miscellaneous Sales Expenses	07443	Uniforms	-	-	(89.85)	-	-	-	-	-	-	(7.71)	-	-	7
9160	Sales - Miscellaneous Sales Expenses	07444	Uniforms Capitalized	-	-	14.57	-	-	-	-	-	-	-	-	-	(63)
9210	A&G - Office Supplies and Expenses	02005	Non-Inventory Supplies	-	-	(62.79)	-	-	-	-	-	-	-	-	-	13,121
9210	A&G - Office Supplies and Expenses	04048	Cust Relations & Assist	-	13,120.58	-	-	-	(236.50)	-	(14.00)	(251.64)	-	-	(1,570.00)	(3,821)
9210	A&G - Office Supplies and Expenses	04070	Insurance	(974.40)	(280.00)	-	-	-	-	-	-	-	13.65	-	-	258
9210	A&G - Office Supplies and Expenses	05010	Office Supplies	-	-	327.91	-	(83.65)	-	-	-	-	-	-	-	(114)
9210	A&G - Office Supplies and Expenses	05411	Meals & Entertainment	-	-	-	-	(8.33)	-	(105.03)	-	-	-	-	-	(80)
9210	A&G - Office Supplies and Expenses	05419	Misc Employee Expense	-	-	(59.70)	-	-	-	-	-	-	-	-	-	60
9210	A&G - Office Supplies and Expenses	07590	Misc General Expense	60.00	-	-	-	-	-	-	-	-	98.51	(1,500.00)	351.90	(1,050)
9210	A&G - Office Supplies and Expenses	07592	Vendor Comp Sales Tax	-	-	-	-	-	-	-	-	-	-	-	-	-
9220	A&G - Administrative Expenses Transferred - Credit	09341	Admin & General Expenses	413,800.92	100,391.70	4,780.88	43.19	14,418.83	(137,872.32)	(19,571.17)	22,421.10	(51,812.54)	(73,827.58)	(83,652.50)	4,379.69	193,480
9220	A&G - Administrative Expenses Transferred - Credit	41105	Billed from Gas Control	(1,288.02)	-	-	-	-	-	-	-	-	-	-	-	(1,288)
9220	A&G - Administrative Expenses Transferred - Credit	41131	Billing for CSC O&M	20,172.64	7,603.86	(3,110.73)	20,781.78	2,489.62	218.59	9,728.85	1,033.36	(10,139.11)	(7,506.65)	(11,866.60)	(9,978.15)	10,328
9220	A&G - Administrative Expenses Transferred - Credit	41132	Billing for SS O&M	(28,007.77)	6,087.20	37,079.67	160,044.18	(77,475.31)	18,204.66	60,151.07	39,445.92	5,752.69	135,494.48	116,199.11	(58,283.65)	448,693
9230	A&G - Outside Services Employed	05111	Postage&Delivery Services	-	-	-	-	-	9.04	8.34	-	-	-	-	-	18
9230	A&G - Outside Services Employed	05430	Gas Supplies Services	3,382.77	3,812.40	3,815.08	3,817.82	3,808.87	(36,485.27)	(4,234.51)	(4,232.98)	(4,288.32)	2.28	9,016.30	441.13	(21,145)
9230	A&G - Outside Services Employed	06111	Contract Labor	-	18,150.00	-	7,500.00	25,925.00	1,712.00	-	-	-	-	-	-	53,287
9230	A&G - Outside Services Employed	06121	Legal	(4,260.54)	(75,108.39)	57,412.16	(13,534.37)	544.00	(13,802.18)	1,242.19	787.13	(13,112.93)	3,804.89	13,315.33	13,134.32	(29,578)
9230	A&G - Outside Services Employed	07499	Misc Employee Welfare Exp	-	-	-	-	(47.50)	-	-	-	-	-	-	-	(48)
9240	A&G - Property Insurance	04069	Blueflame Property Insurance	1,152.08	1,152.08	1,152.08	1,152.08	1,379.78	3,440.70	1,299.07	1,931.28	1,931.28	1,577.27	1,831.28	1,931.28	20,030
9250	A&G - Injuries and Damages	01290	Benefit Load Projects	(225.32)	(58.77)	(108.01)	(88.88)	57.00	(270.50)	(12.35)	(59.21)	17.15	(42.52)	60.35	(100.00)	(712)
9250	A&G - Injuries and Damages	04070	Insurance	-	-	-	-	-	348.00	-	-	-	-	-	-	248
9250	A&G - Injuries and Damages	05418	Settlement	(5,360.35)	1,600.00	(220.38)	2,585.09	(42.00)	(7,342.37)	(1,577.89)	1,412.90	(1,200.00)	(1,538.00)	152.71	(11,528)	(11,528)
9250	A&G - Injuries and Damages	07120	Environmental & Safety	(267.25)	882.49	(10.72)	(532.90)	31.01	(373.33)	65.17	(391.55)	(218.14)	(501.92)	(958.18)	(154.47)	(2,418)
9250	A&G - Injuries and Damages	07499	Misc Employee Welfare Exp	720.93	1,422.14	1,011.64	(328.80)	-	489.10	(78.04)	(25.74)	(270.25)	42.37	(537.89)	(458.78)	1,983
9260	A&G - Employee Pensions and Benefits	01200	Benefits Load	43,058.81	34,980.18	5,804.16	59,047.38	25,360.38	32,424.87	32,852.80	21,865.74	28,554.73	12,951.84	379.99	(16,389.42)	278,991
9260	A&G - Employee Pensions and Benefits	01250	Benefit Load Projects	(2,828.09)	(689.72)	(1,265.54)	(759.48)	659.79	(3,205.16)	(57.82)	(701.77)	203.30	(454.45)	707.72	(33.69)	(8,225)
9260	A&G - Employee Pensions and Benefits	02005	Non-Inventory Supplies	(221.29)	-	445.20	-	-	(132.32)	-	-	(39.22)	4.59	(7.41)	-	50
9260	A&G - Employee Pensions and Benefits	04046	Cust Relations & Assist	72.18	-	-	-	-	-	-	-	-	-	-	-	72
9260	A&G - Employee Pensions and Benefits	04302	Heavy Equipment	54.45	-	-	-	-	-	-	-	-	-	-	-	54
9260	A&G - Employee Pensions and Benefits	04307	Heavy Equipment Capitalized	(48.28)	-	-	-	-	-	-	-	-	-	-	-	(48)
9260	A&G - Employee Pensions and Benefits	04592	Building Maintenance	-	-	490.00	(165.50)	-	-	-	-	-	-	-	-	325
9260	A&G - Employee Pensions and Benefits	05411	Meals & Entertainment	-	-	-	-	-	-	-	-	-	1,217.14	-	1,217	
9260	A&G - Employee Pensions and Benefits	05414	Lodging	(309.42)	309.42	-	-	-	-	-	-	-	928.64	-	928	
9260	A&G - Employee Pensions and Benefits	05419	Misc Employee Expense	(75.00)	-	-	-	-	-	-	-	-	-	-	-	(75)
9260	A&G - Employee Pensions and Benefits	05421	Training	(495.00)	-	-	-	-	-	-	-	-	-	-	-	(495)
9260	A&G - Employee Pensions and Benefits	08111	Contract Labor	-	140.00	-	-	-	-	7,289.75	-	-	-	-	-	7,424
9260	A&G - Employee Pensions and Benefits	07421	Service Awards	(1,289.76)	-	-	-	-	-	-	-	-	-	-	-	(1,290)
9260	A&G - Employee Pensions and Benefits	07443	Uniforms	87.42	(9,404.77)	(3,422.24)	6,585.75	(2,777.65)	(1,108.38)	81.25	1,339.26	(401.06)	(1,850.88)	(1,116.32)	(881.57)	(12,148)
9260	A&G - Employee Pensions and Benefits	07444	Uniforms Capitalized	(831.70)	6,879.00	1,947.17	(2,938.40)	1,357.65	427.43	(67.40)	(551.63)	298.00	918.42	540.10	352.02	8,010
9260	A&G - Employee Pensions and Benefits	07447	Education Assistance Program	-	-	-	76.31	-	-	-	-	-	-	-	-	75
9260	A&G - Employee Pensions and Benefits	07499	Misc Employee Welfare Exp	1,535.52	(2,202.45)	(2,816.55)	(3,225.38)	(4,810.27)	(2,093.82)	(792.43)	(1,609.57)	(2,691.33)	5,478.06	(2,702.79)	(2,507.01)	(18,427)
9260	A&G - Employee Pensions and Benefits	07590	Misc General Expense	-	16.50	-	-	-	-	-	-	-	(30.89)	-	834.91	782
9270	A&G - Franchise Requirements	04044	Advertising	-	-	-	-	-	-	-	-	1,231.50	(109.45)	-	-	1,122
9280	A&G - Regulatory Commission Expenses	07590	Misc General Expense	83.80	2,303.02	(266.70)	490.80	5,974.92	31.35	15.75	(7,535.81)	(551.70)	-	(9,447.92)	559.08	(8,363)
9302	A&G - Miscellaneous General Expense	02005	Non-Inventory Supplies	(18,111.95)	(57.51)	-	-	-	-	-	-	71.28	9,058.08	9,058.08	9,058.08	27,198
9302	A&G - Miscellaneous General Expense	04021	Promo Other,Misc	-	-	(380.00)	-	-	-	-	-	-	-	-	-	14
9302	A&G - Miscellaneous General Expense	04146	Public Relations	760.09	-	-	-	-	-	-	-	-	-	-	-	(380)
9302	A&G - Miscellaneous General Expense	05413	Transportation	(755.70)	-	-	-	-	-	-	-	-	-	-	-	760
9302	A&G - Miscellaneous General Expense	05415	Membership Fees	-	-	(100.00)	-	-	-	-	-	-	-	-	-	(758)
9302	A&G - Miscellaneous General Expense	05419	Misc Employee Expense	-	-	-	-	-	-	-	-	-	-	40.17	-	(100)
9302	A&G - Miscellaneous General Expense	08111	Contract Labor	-	1,850.00	-	550.00	520.00	-	-	-	-	450.00	-	-	40
9302	A&G - Miscellaneous General Expense	07510	Association Dues	7,900.45	-	1,745.00	2,250.00	12,109.00	-	7.00	1,810.00	(9,408.00)	(1,570.00)	5,435.00	1,672.00	29,768
9302	A&G - Miscellaneous General Expense	07590	Misc General Expense	(15.03)	-	-	-	-	-	-	-	-	25.00	-	-	10
9310	A&G - Rents	07592	Vendor Comp Sales Tax	-	-	-	-	-	-	-	-	-	-	1,500.00	-	1,500
				<b>83,844.64</b>	<b>208,148.35</b>	<b>30,2</b>										

**Atmos Energy Corp.**  
**Case No. 2009-00354**  
**Comparison of Expense Account Balances**  
**Item 1-29 Part B**  
**CY06-CY08, Jan09-Aug09**  
**KY - Div 009**

Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period CY 09	CY07 vs CY06 YOY % Change	CY08 vs CY07 YOY % Change	CY09 vs CY08 YOY % Change
7590	Production - Other expenses	02005	Non-inventory Supplies	-	83	-	-	N/A	0%	N/A
7590	Production - Other expenses	05111	Contract Labor	-	2,000	-	-	N/A	0%	N/A
7840	Production - Maintenance supervision and engineering	04302	Heavy Equipment	-	102	-	-	N/A	0%	N/A
7840	Production - Maintenance supervision and engineering	04307	Heavy Equipment Capitalized	-	(85)	-	-	N/A	0%	N/A
8140	Natural gas storage - Operation supervision and engineering	01000	Non-project Labor	17,715	8,689	1,272	-	49%	15%	0%
8140	Natural gas storage - Operation supervision and engineering	01008	Expense Labor Accrual	(72)	441	(456)	-	-613%	-105%	0%
8140	Natural gas storage - Operation supervision and engineering	02005	Non-inventory Supplies	343	520	34	-	151%	6%	0%
8140	Natural gas storage - Operation supervision and engineering	04580	Building Lease/Rents Capitalized	1,052	2,671	-	-	251%	0%	N/A
8140	Natural gas storage - Operation supervision and engineering	04581	Building Lease/Rents	(3,300)	(6,600)	-	-	200%	0%	N/A
8140	Natural gas storage - Operation supervision and engineering	05010	Office Supplies	52	-	-	-	0%	N/A	N/A
8140	Natural gas storage - Operation supervision and engineering	05411	Meals & Entertainment	180	-	-	-	0%	N/A	N/A
8140	Natural gas storage - Operation supervision and engineering	05413	Transportation	472	-	-	-	0%	N/A	N/A
8140	Natural gas storage - Operation supervision and engineering	05414	Lodging	842	-	-	-	0%	N/A	N/A
8140	Natural gas storage - Operation supervision and engineering	05419	Misc Employee Expense	126	-	-	-	0%	N/A	N/A
8140	Natural gas storage - Operation supervision and engineering	07590	Misc General Expense	(3,669)	(3,813)	(4,378)	(2,751)	104%	115%	63%
8160	Natural gas storage - Wells expense	01000	Non-project Labor	42,678	35,224	37,160	51,317	83%	105%	138%
8160	Natural gas storage - Wells expense	01008	Expense Labor Accrual	(380)	623	148	159	-173%	24%	107%
8160	Natural gas storage - Wells expense	02001	Inventory Materials	-	-	-	-	N/A	N/A	N/A
8160	Natural gas storage - Wells expense	02004	Warehouse Loading Charge	-	-	-	-	N/A	N/A	N/A
8160	Natural gas storage - Wells expense	02005	Non-inventory Supplies	2,726	506	1,954	3,158	19%	386%	162%
8160	Natural gas storage - Wells expense	03003	Capitalized transportation costs	-	-	(20)	-	N/A	N/A	0%
8160	Natural gas storage - Wells expense	03004	Vehicle Expense	-	-	49	-	N/A	N/A	0%
8160	Natural gas storage - Wells expense	04590	Utilities	(2,005)	(4,991)	(7,322)	(5,211)	249%	147%	71%
8160	Natural gas storage - Wells expense	06111	Contract Labor	260	-	260	187	0%	N/A	72%
8160	Natural gas storage - Wells expense	07590	Misc General Expense	(2,546)	-	-	-	0%	N/A	N/A
8160	Natural gas storage - Wells expense	01000	Non-project Labor	31,311	24,380	30,062	40,982	78%	123%	136%
8170	Natural gas storage - Lines expense	01008	Expense Labor Accrual	42	521	467	(568)	1247%	93%	-121%
8170	Natural gas storage - Lines expense	02005	Non-inventory Supplies	3,754	2,109	8,571	7,099	56%	406%	83%
8170	Natural gas storage - Lines expense	04590	Utilities	579	174	60	82	30%	34%	137%
8170	Natural gas storage - Lines expense	04599	Capitalized Utility Costs	(98)	-	-	-	0%	N/A	N/A
8180	Natural gas storage - Compressor station expenses	01000	Non-project Labor	31,358	29,931	25,212	36,220	95%	84%	144%
8180	Natural gas storage - Compressor station expenses	01008	Expense Labor Accrual	(1,440)	(29)	231	1,838	2%	-802%	79%
8180	Natural gas storage - Compressor station expenses	02001	Inventory Materials	-	-	-	717	N/A	N/A	N/A
8180	Natural gas storage - Compressor station expenses	02004	Warehouse Loading Charge	-	-	-	160	N/A	N/A	N/A
8180	Natural gas storage - Compressor station expenses	02005	Non-inventory Supplies	11,789	11,938	14,690	9,295	101%	123%	63%
8180	Natural gas storage - Compressor station expenses	04302	Heavy Equipment	-	-	-	-	N/A	N/A	N/A
8180	Natural gas storage - Compressor station expenses	04307	Heavy Equipment Capitalized	-	-	-	-	N/A	N/A	N/A
8180	Natural gas storage - Compressor station expenses	04421	Oil & Filters	-	-	-	-	N/A	N/A	N/A
8180	Natural gas storage - Compressor station expenses	04582	Building Maintenance	-	28	-	-	N/A	0%	N/A
8180	Natural gas storage - Compressor station expenses	04590	Utilities	2,013	131	-	-	7%	0%	N/A
8180	Natural gas storage - Compressor station expenses	04599	Capitalized Utility Costs	(1,558)	(42)	-	-	3%	0%	N/A
8180	Natural gas storage - Compressor station expenses	05111	Postage/Delivery Services	-	-	7	4	N/A	N/A	63%
8180	Natural gas storage - Compressor station expenses	06111	Contract Labor	2,462	3,168	2,497	2,914	129%	79%	117%
8180	Natural gas storage - Compressor station expenses	07590	Misc General Expense	-	-	-	-	N/A	N/A	N/A
8190	Natural gas storage - Compressor station fuel and power	04590	Utilities	16,353	649	778	752	4%	120%	97%
8190	Natural gas storage - Compressor station fuel and power	04599	Capitalized Utility Costs	(7,906)	-	-	-	0%	N/A	N/A
8200	Natural gas storage - Measuring and regulating station expenses	01000	Non-project Labor	15,624	12,288	17,862	15,199	79%	145%	85%
8200	Natural gas storage - Measuring and regulating station expenses	01008	Expense Labor Accrual	(32)	211	380	(1,038)	-849%	180%	-273%
8200	Natural gas storage - Measuring and regulating station expenses	02001	Inventory Materials	28	-	102	-	0%	N/A	0%
8200	Natural gas storage - Measuring and regulating station expenses	02004	Warehouse Loading Charge	10	-	14	-	0%	N/A	0%
8200	Natural gas storage - Measuring and regulating station expenses	02005	Non-inventory Supplies	1,331	1,203	592	649	90%	49%	110%
8200	Natural gas storage - Measuring and regulating station expenses	04590	Utilities	2,227	1,971	1,894	1,553	89%	98%	82%
8200	Natural gas storage - Measuring and regulating station expenses	04599	Capitalized Utility Costs	(275)	-	-	-	0%	N/A	N/A
8200	Natural gas storage - Measuring and regulating station expenses	06111	Contract Labor	-	120	-	-	N/A	0%	N/A
8210	Natural gas storage - Purification expenses	01000	Non-project Labor	14,335	16,565	24,268	30,746	116%	147%	127%
8210	Natural gas storage - Purification expenses	01008	Expense Labor Accrual	212	1,548	277	(2,594)	729%	18%	-936%
8210	Natural gas storage - Purification expenses	02005	Non-inventory Supplies	2,879	2,423	4,863	8,109	84%	201%	167%
8210	Natural gas storage - Purification expenses	04302	Heavy Equipment	38	170	-	-	450%	0%	N/A
8210	Natural gas storage - Purification expenses	04307	Heavy Equipment Capitalized	(32)	(144)	-	-	450%	0%	N/A
8210	Natural gas storage - Purification expenses	04590	Utilities	5,245	1,501	1,599	1,584	29%	109%	100%
8210	Natural gas storage - Purification expenses	04599	Capitalized Utility Costs	(2,435)	-	-	-	0%	N/A	N/A
8210	Natural gas storage - Purification expenses	06111	Contract Labor	460	700	2,273	2,187	152%	325%	96%
8240	Natural gas storage - Other expenses	01000	Non-project Labor	-	-	370	179	N/A	N/A	48%
8240	Natural gas storage - Other expenses	01008	Expense Labor Accrual	-	-	240	(240)	N/A	N/A	-100%
8240	Natural gas storage - Other expenses	02005	Non-inventory Supplies	-	-	427	-	N/A	N/A	0%
8240	Natural gas storage - Other expenses	04590	Utilities	534	-	-	134	0%	N/A	N/A
8240	Natural gas storage - Other expenses	04599	Capitalized Utility Costs	(255)	-	-	-	0%	N/A	N/A
8240	Natural gas storage - Other expenses	05111	Postage/Delivery Services	-	-	-	46	N/A	N/A	N/A
8240	Natural gas storage - Other expenses	05411	Meals & Entertainment	-	-	-	24	N/A	N/A	N/A
8250	Natural gas storage - Storage wells royalties	04580	Building Lease/Rents Capitalized	(7,120)	(824)	(1,656)	(692)	12%	201%	54%
8250	Natural gas storage - Storage wells royalties	04591	Building Lease/Rents	10,992	3,540	6,650	3,332	32%	188%	50%

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8250	Natural gas storage - Storage wells royalties	04582	Building Maintenance	51	-	-	-	0%	N/A	N/A
8250	Natural gas storage - Storage wells royalties	04590	Utilities	48,027	9,361	13,617	15,856	20%	145%	115%
8250	Natural gas storage - Storage wells royalties	04599	Capitalized Utility Costs	(18,602)	-	-	-	0%	N/A	N/A
8250	Natural gas storage - Storage wells royalties	07590	Misc General Expense	2,904	1,879	1,784	1,622	65%	95%	91%
8310	Natural gas storage - Maintenance of structures	02005	Non-Inventory Supplies	474	-	-	89	0%	N/A	N/A
8310	Natural gas storage - Maintenance of structures	04582	Building Maintenance	-	-	858	-	N/A	N/A	0%
8310	Natural gas storage - Maintenance of structures	06111	Contract Labor	355	-	-	-	0%	N/A	N/A
8320	Natural gas storage - Maintenance of reservoirs and wells	02005	Non-Inventory Supplies	-	127	-	-	N/A	0%	N/A
8340	Natural gas storage - Maintenance of compressor station equipment	01000	Non-project Labor	3,764	2,510	6,171	7,167	67%	246%	116%
8340	Natural gas storage - Maintenance of compressor station equipment	01008	Expense Labor Accrual	(488)	19	61	475	-4%	315%	784%
8340	Natural gas storage - Maintenance of compressor station equipment	02005	Non-Inventory Supplies	253	-	69	1,064	0%	N/A	1536%
8350	Natural gas storage - Maintenance of measuring equipment	01000	Non-project Labor	50	519	211	1,457	1049%	41%	690%
8350	Natural gas storage - Maintenance of measuring equipment	02005	Non-Inventory Supplies	142	5	-	2,028	4%	0%	N/A
8350	Natural gas storage - Maintenance of measuring equipment	04585	Refurbished Meters	12,148	-	-	-	0%	N/A	N/A
8360	Natural gas storage - Maintenance of purification	01000	Non-project Labor	-	1,454	528	2,773	N/A	36%	525%
8360	Natural gas storage - Maintenance of purification	01008	Expense Labor Accrual	-	(0)	-	-	N/A	0%	N/A
8360	Natural gas storage - Maintenance of purification	02005	Non-Inventory Supplies	-	62	63	7	N/A	102%	10%
8400	Natural gas storage - Operation supervision and engineering	02001	Inventory Materials	-	-	-	-	N/A	N/A	N/A
8400	Natural gas storage - Operation supervision and engineering	02004	Warehouse Loading Charge	-	-	-	-	N/A	N/A	N/A
8400	Natural gas storage - Operation supervision and engineering	02005	Non-Inventory Supplies	3	253	110	-	8580%	43%	0%
8400	Natural gas storage - Operation supervision and engineering	05010	Office Supplies	354	339	-	-	98%	0%	N/A
8400	Natural gas storage - Operation supervision and engineering	05111	Postage/Delivery Services	18	-	314	-	0%	N/A	0%
8400	Natural gas storage - Operation supervision and engineering	05364	Cellular, radio, pager charges	32	-	-	-	0%	N/A	N/A
8400	Natural gas storage - Operation supervision and engineering	05373	Call service - Field technicians	-	-	30	-	N/A	N/A	0%
8400	Natural gas storage - Operation supervision and engineering	05374	Cell svc-field tech supervisors	-	-	6	-	N/A	N/A	0%
8400	Natural gas storage - Operation supervision and engineering	05375	Call service - all others	-	-	7	-	N/A	N/A	0%
8400	Natural gas storage - Operation supervision and engineering	07590	Misc General Expense	24	-	-	-	0%	N/A	N/A
8500	Transmission - Operation supervision and engineering	01000	Non-project Labor	42,299	43,227	31,612	36,227	104%	72%	115%
8500	Transmission - Operation supervision and engineering	01008	Expense Labor Accrual	(29)	476	(350)	(393)	-1634%	-73%	112%
8500	Transmission - Operation supervision and engineering	04201	Software Maintenance	-	-	530	-	N/A	N/A	0%
8500	Transmission - Operation supervision and engineering	05010	Office Supplies	137	-	-	-	0%	N/A	N/A
8500	Transmission - Operation supervision and engineering	05411	Meals & Entertainment	207	1,105	246	72	534%	22%	29%
8500	Transmission - Operation supervision and engineering	05413	Transportation	785	2,512	917	830	320%	37%	90%
8500	Transmission - Operation supervision and engineering	05414	Lodging	869	4,487	1,044	1,142	516%	23%	109%
8500	Transmission - Operation supervision and engineering	05417	Club Dues - Deductible	-	-	79	280	N/A	N/A	352%
8500	Transmission - Operation supervision and engineering	05419	Misc Employee Expense	1,783	2,056	269	21	115%	13%	8%
8500	Transmission - Operation supervision and engineering	05424	Books & Manuals	-	1,498	-	-	N/A	0%	N/A
8500	Transmission - Operation supervision and engineering	09911	Reimbursements	(675)	(175)	-	-	20%	0%	N/A
8510	Transmission - System control and load dispatching	02005	Non-Inventory Supplies	-	-	-	-	N/A	N/A	N/A
8560	Transmission - Mains expenses	01000	Non-project Labor	154,953	159,419	168,821	176,255	103%	106%	104%
8560	Transmission - Mains expenses	01002	Capital Labor Contra	-	-	-	-	N/A	N/A	N/A
8560	Transmission - Mains expenses	01006	O&M Project Labor and Contra	2,859	15,335	7,412	216	536%	48%	3%
8560	Transmission - Mains expenses	01008	Expense Labor Accrual	927	113	3,508	(4,597)	12%	3091%	-130%
8560	Transmission - Mains expenses	01011	Capital Labor Transfer In	-	-	-	-	N/A	N/A	N/A
8560	Transmission - Mains expenses	01013	Expense Labor Transfer In	2,859	17,080	4,353	-	597%	25%	0%
8560	Transmission - Mains expenses	01014	Expense Labor Transfer Out	(2,859)	(15,335)	(7,412)	(216)	536%	48%	3%
8560	Transmission - Mains expenses	02001	Inventory Materials	29	1,552	5,736	22	5400%	370%	0%
8560	Transmission - Mains expenses	02004	Warehouse Loading Charge	4	217	803	3	5393%	370%	0%
8560	Transmission - Mains expenses	02005	Non-Inventory Supplies	23,541	26,277	36,888	17,511	112%	140%	47%
8560	Transmission - Mains expenses	03003	Capitalized transportation costs	(9)	-	(3)	(83)	0%	N/A	3201%
8560	Transmission - Mains expenses	03004	Vehicle Expense	32	-	11	246	0%	N/A	2290%
8560	Transmission - Mains expenses	04302	Heavy Equipment	30	18	228	516	61%	1272%	226%
8560	Transmission - Mains expenses	04306	Parts	-	-	-	-	N/A	N/A	N/A
8560	Transmission - Mains expenses	04307	Heavy Equipment Capitalized	(25)	(15)	(194)	(438)	81%	1272%	226%
8560	Transmission - Mains expenses	04413	Fuel - Diesel	-	-	-	835	N/A	N/A	N/A
8560	Transmission - Mains expenses	04580	Utilities	17,536	14,666	16,720	14,480	84%	114%	87%
8560	Transmission - Mains expenses	04589	Capitalized Utility Costs	(6,942)	(6,762)	(7,595)	(6,412)	76%	112%	84%
8560	Transmission - Mains expenses	04889	Land Rights	-	-	-	1	N/A	N/A	N/A
8560	Transmission - Mains expenses	05010	Office Supplies	73	-	-	-	0%	N/A	N/A
8560	Transmission - Mains expenses	05111	Postage/Delivery Services	-	-	75	-	N/A	N/A	0%
8560	Transmission - Mains expenses	05411	Meals & Entertainment	1,625	1,671	874	465	103%	52%	53%
8560	Transmission - Mains expenses	05412	Spousal & Dependent Travel	-	-	56	81	N/A	N/A	145%
8560	Transmission - Mains expenses	05413	Transportation	614	841	607	208	137%	72%	34%
8560	Transmission - Mains expenses	05414	Lodging	1,897	2,444	1,346	842	128%	55%	63%
8560	Transmission - Mains expenses	05419	Misc Employee Expense	32	284	69	-	817%	26%	0%
8560	Transmission - Mains expenses	05421	Training	-	-	100	105	N/A	N/A	105%
8560	Transmission - Mains expenses	05111	Contract Labor	24,946	54,719	28,230	35,109	219%	52%	124%
8560	Transmission - Mains expenses	07443	Uniforms	-	-	-	141	N/A	N/A	N/A
8560	Transmission - Mains expenses	07444	Uniforms Capitalized	-	-	-	(28)	N/A	N/A	N/A
8560	Transmission - Mains expenses	07590	Misc General Expense	103	11,949	20	-	11577%	0%	0%
8560	Transmission - Mains expenses	09911	Reimbursements	-	(1,645)	(1,480)	-	N/A	90%	0%

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8570	Transmission - Measuring and regulating station expenses	01000	Non-project Labor	66,306	68,403	65,728	53,763	103%	96%	82%
8570	Transmission - Measuring and regulating station expenses	01008	Expense Labor Accrual	(630)	74	(5)	(1,641)	-12%	-7%	32370%
8570	Transmission - Measuring and regulating station expenses	02001	Inventory Materials	-	-	-	555	N/A	N/A	N/A
8570	Transmission - Measuring and regulating station expenses	02004	Warehouse Loading Charge	-	-	-	78	N/A	N/A	N/A
8570	Transmission - Measuring and regulating station expenses	02005	Non-Inventory Supplies	6,294	3,544	1,910	1,815	56%	54%	95%
8570	Transmission - Measuring and regulating station expenses	04590	Utilities	4,569	4,016	7,234	7,255	88%	180%	100%
8570	Transmission - Measuring and regulating station expenses	04599	Capitalized Utility Costs	(599)	-	-	-	0%	N/A	N/A
8570	Transmission - Measuring and regulating station expenses	05411	Meals & Entertainment	1,198	1,005	313	215	84%	31%	69%
8570	Transmission - Measuring and regulating station expenses	05412	Spousal & Dependent Travel	-	-	58	41	N/A	N/A	73%
8570	Transmission - Measuring and regulating station expenses	05413	Transportation	362	151	154	-	42%	102%	0%
8570	Transmission - Measuring and regulating station expenses	05414	Lodging	530	1,023	343	-	193%	34%	0%
8570	Transmission - Measuring and regulating station expenses	05419	Misc Employee Expense	23	184	34	-	818%	19%	0%
8570	Transmission - Measuring and regulating station expenses	06111	Contract Labor	208	1,000	5,141	7,131	480%	514%	138%
8570	Transmission - Measuring and regulating station expenses	07590	Misc General Expense	232	-	20	-	0%	N/A	0%
8590	Transmission - Other expenses	05414	Lodging	324	-	-	-	0%	N/A	N/A
8600	Transmission - Rents	04585	Railroad easements and crossings	15	-	-	-	0%	N/A	N/A
8600	Transmission - Rents	04599	Capitalized Utility Costs	(9)	-	-	-	0%	N/A	N/A
8620	Transmission - Maintenance of Structures	04582	Building Maintenance	-	-	18	-	N/A	N/A	0%
8630	Transmission - Maintenance of mains	01000	Non-project Labor	20,471	37,415	42,892	43,216	183%	115%	101%
8630	Transmission - Maintenance of mains	01008	Expense Labor Accrual	(994)	600	365	(887)	-80%	61%	-242%
8630	Transmission - Maintenance of mains	02001	Inventory Materials	-	-	255	433	N/A	N/A	170%
8630	Transmission - Maintenance of mains	02004	Warehouse Loading Charge	-	-	36	61	N/A	N/A	170%
8630	Transmission - Maintenance of mains	02005	Non-Inventory Supplies	3,640	7,714	2,240	933	212%	29%	42%
8630	Transmission - Maintenance of mains	04302	Heavy Equipment	-	-	-	-	N/A	N/A	N/A
8630	Transmission - Maintenance of mains	04307	Heavy Equipment Capitalized	-	-	-	-	N/A	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	01000	Non-project Labor	17,140	1,789	239	1,647	10%	13%	689%
8650	Transmission - Maintenance of measuring equipment	01008	Expense Labor Accrual	(381)	65	81	(146)	-17%	124%	-181%
8650	Transmission - Maintenance of measuring equipment	02001	Inventory Materials	-	-	-	188	N/A	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	02004	Warehouse Loading Charge	-	-	-	26	N/A	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	02005	Non-Inventory Supplies	10,778	1,137	373	119	11%	33%	32%
8650	Transmission - Maintenance of measuring equipment	04040	Community Rel&Trade Shows	-	-	500	-	N/A	N/A	0%
8650	Transmission - Maintenance of measuring equipment	04302	Heavy Equipment	3,472	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	04307	Heavy Equipment Capitalized	(3,299)	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	05323	Measurement & Meter Reading	74	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	05411	Meals & Entertainment	839	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	05413	Transportation	318	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	05414	Lodging	26	-	77	-	0%	N/A	0%
8650	Transmission - Maintenance of measuring equipment	05419	Misc Employee Expense	32	-	-	-	0%	N/A	N/A
8650	Transmission - Maintenance of measuring equipment	06111	Contract Labor	-	-	-	-	N/A	N/A	N/A
8670	Transmission - Maintenance of other equipment	06111	Contract Labor	-	-	-	7,607	N/A	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	01000	Non-project Labor	898,747	489,309	611,059	906,697	55%	125%	148%
8700	Distribution - Operation Supervision and Engineering	01001	Capital Labor	5,991,937	4,785,575	4,633,948	4,711,377	80%	97%	102%
8700	Distribution - Operation Supervision and Engineering	01002	Capital Labor Contra	(5,852,762)	(4,820,507)	(4,675,216)	(4,753,652)	82%	97%	102%
8700	Distribution - Operation Supervision and Engineering	01005	O&M Project Labor and Contra	12,614	30,544	(247)	2,016	242%	-1%	-815%
8700	Distribution - Operation Supervision and Engineering	01008	Expense Labor Accrual	(15,884)	172	28,443	(17,013)	-1%	16493%	-60%
8700	Distribution - Operation Supervision and Engineering	01010	PTO Accrual	63,138	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	01011	Capital Labor Transfer In	3,414,693	2,396,501	2,416,478	2,247,087	70%	101%	93%
8700	Distribution - Operation Supervision and Engineering	01012	Capital Labor Transfer Out	(3,560,885)	(2,365,529)	(2,371,077)	(2,204,812)	66%	100%	93%
8700	Distribution - Operation Supervision and Engineering	01013	Expense Labor Transfer In	8,997	40,531	(94)	4,742	452%	0%	-5083%
8700	Distribution - Operation Supervision and Engineering	01014	Expense Labor Transfer Out	(12,614)	(30,544)	247	(2,016)	242%	-1%	-815%
8700	Distribution - Operation Supervision and Engineering	01200	Benefits Load	-	-	249	-	N/A	N/A	0%
8700	Distribution - Operation Supervision and Engineering	02001	Inventory Materials	-	-	-	1,029	N/A	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	02004	Warehouse Loading Charge	-	-	-	144	N/A	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	02005	Non-Inventory Supplies	3,401	5,644	7,284	8,377	166%	129%	88%
8700	Distribution - Operation Supervision and Engineering	03003	Capitalized transportation costs	(246)	(34)	(115)	(378)	14%	341%	328%
8700	Distribution - Operation Supervision and Engineering	03004	Vehicle Expense	163	72	228	1,085	44%	319%	476%
8700	Distribution - Operation Supervision and Engineering	04001	Safety, Newspaper	1,787	-	277	-	0%	N/A	0%
8700	Distribution - Operation Supervision and Engineering	04002	Required By Law, Safety	-	-	31	-	N/A	N/A	0%
8700	Distribution - Operation Supervision and Engineering	04021	Promo Other, Misc	245	-	148	360	0%	N/A	244%
8700	Distribution - Operation Supervision and Engineering	04040	Community Rel&Trade Shows	695	-	258	429	0%	N/A	166%
8700	Distribution - Operation Supervision and Engineering	04043	Employee Participation	-	-	93	21	N/A	N/A	23%
8700	Distribution - Operation Supervision and Engineering	04044	Advertising	75	-	1,798	295	0%	N/A	16%
8700	Distribution - Operation Supervision and Engineering	04046	Cust Relations & Assist	-	186	-	585	N/A	0%	N/A
8700	Distribution - Operation Supervision and Engineering	04054	Postage - Inserter	-	-	25	-	N/A	N/A	0%
8700	Distribution - Operation Supervision and Engineering	04112	Board Meeting Expenses	-	-	45	-	N/A	N/A	0%
8700	Distribution - Operation Supervision and Engineering	04148	Public Relations	-	-	200	-	N/A	N/A	0%
8700	Distribution - Operation Supervision and Engineering	04201	Software Maintenance	16,184	-	8,879	2,191	0%	N/A	25%
8700	Distribution - Operation Supervision and Engineering	04212	IT Equipment Maintenance	4,703	26	-	-	1%	0%	N/A
8700	Distribution - Operation Supervision and Engineering	04302	Heavy Equipment	-	836	220	170	N/A	26%	77%
8700	Distribution - Operation Supervision and Engineering	04307	Heavy Equipment Capitalized	(10,935)	(711)	(17)	(145)	6%	2%	871%
8700	Distribution - Operation Supervision and Engineering	04427	Wash & Grease	-	-	29	-	N/A	N/A	0%



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8700	Distribution - Operation Supervision and Engineering	04582	Building Maintenance	408	-	429	89	0%	N/A	21%
8700	Distribution - Operation Supervision and Engineering	04590	Utilities	37,341	14,908	72,468	73,281	40%	486%	101%
8700	Distribution - Operation Supervision and Engineering	04592	Misc Rents	-	-	-	24	N/A	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	04599	Capitalized Utility Costs	(22,958)	(8,025)	(36,042)	(33,746)	35%	449%	94%
8700	Distribution - Operation Supervision and Engineering	05010	Office Supplies	63,441	30,890	39,893	52,789	48%	129%	132%
8700	Distribution - Operation Supervision and Engineering	05111	Postage/Delivery Services	6,505	3,371	2,784	4,106	52%	83%	148%
8700	Distribution - Operation Supervision and Engineering	05310	Monthly Lines and service	80,315	63,847	74,435	85,598	80%	116%	115%
8700	Distribution - Operation Supervision and Engineering	05312	Long Distance	18,488	-	57	4	0%	N/A	8%
8700	Distribution - Operation Supervision and Engineering	05314	Toll Free Long Distance	6,480	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05316	Telecom Maintenance & Repair	28,253	1,458	8,189	7,758	5%	423%	126%
8700	Distribution - Operation Supervision and Engineering	05323	Measurement & Meter Reading	30,059	5,289	5,218	3,397	18%	98%	65%
8700	Distribution - Operation Supervision and Engineering	05331	WAN/LAN/Internet Service	96,831	22,228	17,875	17,057	23%	80%	95%
8700	Distribution - Operation Supervision and Engineering	05364	Cellular, radio, pager charges	210,235	115,662	7	(7)	55%	0%	-100%
8700	Distribution - Operation Supervision and Engineering	05373	Call service - Field technicians	-	21,224	88,131	91,063	N/A	415%	103%
8700	Distribution - Operation Supervision and Engineering	05374	Cell svc-field tech supervisors	-	3,900	16,202	16,611	N/A	415%	103%
8700	Distribution - Operation Supervision and Engineering	05375	Call service - all others	-	4,601	19,348	22,770	N/A	420%	118%
8700	Distribution - Operation Supervision and Engineering	05376	Call service for MDTs, PC's, SCADA and others	-	140	-	-	N/A	0%	N/A
8700	Distribution - Operation Supervision and Engineering	05377	Cell phone equipment and accessories	-	53	867	292	N/A	1646%	34%
8700	Distribution - Operation Supervision and Engineering	05380	Video Conference	10,878	-	2,158	-	0%	N/A	0%
8700	Distribution - Operation Supervision and Engineering	05390	Audio Conference	1,692	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05399	Capitalized Telecom Costs	(214,525)	(84,221)	(109,640)	(107,834)	44%	118%	98%
8700	Distribution - Operation Supervision and Engineering	05411	Meals & Entertainment	53,697	21,913	31,395	45,207	41%	143%	144%
8700	Distribution - Operation Supervision and Engineering	05412	Spousal & Dependent Travel	377	-	113	1,862	0%	N/A	1655%
8700	Distribution - Operation Supervision and Engineering	05413	Transportation	40,152	7,937	9,385	3,342	20%	118%	36%
8700	Distribution - Operation Supervision and Engineering	05414	Lodging	39,479	16,804	18,795	46,123	42%	113%	245%
8700	Distribution - Operation Supervision and Engineering	05415	Membership Fees	200	-	415	-	0%	N/A	0%
8700	Distribution - Operation Supervision and Engineering	05416	Club Dues - Nondeductible	1,224	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05417	Club Dues - Deductible	25	-	3,090	837	0%	N/A	27%
8700	Distribution - Operation Supervision and Engineering	05419	Misc Employee Expense	122,995	88,396	114,403	19,053	56%	167%	17%
8700	Distribution - Operation Supervision and Engineering	05420	Employee Development	23,598	-	448	2,026	0%	N/A	455%
8700	Distribution - Operation Supervision and Engineering	05421	Training	9,126	228	1,601	5,713	2%	704%	357%
8700	Distribution - Operation Supervision and Engineering	05422	Operator Qualifications Training	7,747	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05424	Books & Manuals	-	124	-	-	N/A	0%	N/A
8700	Distribution - Operation Supervision and Engineering	05425	Regulatory Compliance Training	1,780	-	-	103	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05426	Safety Training	43,827	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	05427	Technical (Job Skills) Training	15,684	1,658	599	205	11%	36%	34%
8700	Distribution - Operation Supervision and Engineering	06111	Contract Labor	2,779	70,000	20,000	46,785	2519%	29%	234%
8700	Distribution - Operation Supervision and Engineering	06112	Collection Fees	110,294	240,293	104,044	-	218%	43%	0%
8700	Distribution - Operation Supervision and Engineering	06121	Legal	-	-	16,481	10,802	N/A	N/A	66%
8700	Distribution - Operation Supervision and Engineering	07120	Environmental & Safety	1,740	35	252	-	2%	718%	0%
8700	Distribution - Operation Supervision and Engineering	07421	Service Awards	494	-	-	-	0%	N/A	N/A
8700	Distribution - Operation Supervision and Engineering	07443	Uniforms	-	-	1,417	887	N/A	N/A	63%
8700	Distribution - Operation Supervision and Engineering	07444	Uniforms Capitalized	-	-	(797)	(573)	N/A	N/A	72%
8700	Distribution - Operation Supervision and Engineering	07499	Misc Employee Welfare Exp	2,807	1,839	2,245	3,154	88%	122%	141%
8700	Distribution - Operation Supervision and Engineering	07510	Association Dues	250	-	150	-	0%	N/A	0%
8700	Distribution - Operation Supervision and Engineering	07590	Misc General Expense	17,398	4,375	7,530	27,282	25%	172%	362%
8700	Distribution - Operation Supervision and Engineering	09911	Reimbursements	(21,893)	(17,462)	(18,654)	(15,149)	80%	95%	91%
8710	Distribution - Distribution Load Dispatching	01000	Non-project Labor	379	-	-	-	0%	N/A	N/A
8710	Distribution - Distribution Load Dispatching	02005	Non-Inventory Supplies	17	-	-	-	0%	N/A	N/A
8710	Distribution - Distribution Load Dispatching	04590	Utilities	217	293	485	449	135%	165%	93%
8710	Distribution - Distribution Load Dispatching	04599	Capitalized Utility Costs	(23)	-	-	-	0%	N/A	N/A
8710	Distribution - Distribution Load Dispatching	07590	Misc General Expense	83	-	-	-	0%	N/A	N/A
8711	Distribution - Odertization	01000	Non-project Labor	200	-	-	-	0%	N/A	N/A
8711	Distribution - Odertization	02005	Non-Inventory Supplies	684	-	-	-	0%	N/A	N/A
8711	Distribution - Odertization	07120	Environmental & Safety	-	1,719	3,924	-	N/A	228%	0%
8740	Distribution - Mains and Services Expenses	01000	Non-project Labor	1,257,089	1,290,784	1,373,077	1,381,489	103%	108%	101%
8740	Distribution - Mains and Services Expenses	01006	O&M Project Labor and Contra	45,644	-	5,223	-	0%	N/A	0%
8740	Distribution - Mains and Services Expenses	01008	Expense Labor Accrual	10,709	3,350	21,789	(35,741)	31%	651%	-164%
8740	Distribution - Mains and Services Expenses	01013	Expense Labor Transfer In	-	-	5,223	-	N/A	N/A	0%
8740	Distribution - Mains and Services Expenses	01014	Expense Labor Transfer Out	(45,844)	-	(5,223)	-	0%	N/A	0%
8740	Distribution - Mains and Services Expenses	02001	Inventory Materials	23,388	32,258	40,019	34,255	138%	124%	86%
8740	Distribution - Mains and Services Expenses	02004	Warehouse Loading Charge	7,024	4,516	5,603	4,798	64%	124%	86%
8740	Distribution - Mains and Services Expenses	02005	Non-Inventory Supplies	134,568	133,201	158,724	169,983	99%	118%	108%
8740	Distribution - Mains and Services Expenses	03001	Vehicle Depreciation	28,824	32,577	-	-	121%	0%	N/A
8740	Distribution - Mains and Services Expenses	03002	Vehicle Lease Payments	138,753	706,736	718,319	680,528	509%	102%	92%
8740	Distribution - Mains and Services Expenses	03003	Capitalized transportation costs	(811,687)	(818,558)	(875,988)	(700,936)	101%	107%	80%
8740	Distribution - Mains and Services Expenses	03004	Vehicle Expense	1,458,743	941,502	1,094,574	911,450	85%	116%	83%
8740	Distribution - Mains and Services Expenses	04001	Safety, Newspaper	666	20	-	61	3%	0%	N/A
8740	Distribution - Mains and Services Expenses	04018	Safety	-	-	-	853	N/A	N/A	N/A
8740	Distribution - Mains and Services Expenses	04036	En Eff Utilization-Comm	-	32	-	-	N/A	0%	N/A
8740	Distribution - Mains and Services Expenses	04040	Community Rel&Trade Shows	15	-	-	-	0%	N/A	N/A

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Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period CY 09	CY07 vs CY06 YOY % Change	CY08 vs CY07 YOY % Change	CY09 vs CY08 YOY % Change
8740	Distribution - Mains and Services Expenses	04044	Advertising	50	403	-	-	808%	0%	N/A
8740	Distribution - Mains and Services Expenses	04092	Cust Rol & Info Exchange	-	-	20	-	N/A	N/A	0%
8740	Distribution - Mains and Services Expenses	04212	IT Equipment Maintenance	-	233	-	-	N/A	0%	N/A
8740	Distribution - Mains and Services Expenses	04301	Equipment Lease	45,081	184,708	176,860	229,352	385%	107%	130%
8740	Distribution - Mains and Services Expenses	04302	Heavy Equipment	237,557	150,715	133,577	144,536	63%	89%	108%
8740	Distribution - Mains and Services Expenses	04304	Heavy Equipment Depreciation	-	575	1,047	-	N/A	182%	0%
8740	Distribution - Mains and Services Expenses	04306	Parts	-	-	287	-	N/A	N/A	55%
8740	Distribution - Mains and Services Expenses	04307	Heavy Equipment Capitalized	(258,530)	(267,130)	(262,865)	(317,905)	104%	98%	121%
8740	Distribution - Mains and Services Expenses	04413	Fuel - Diesel	1,020	-	-	-	0%	N/A	N/A
8740	Distribution - Mains and Services Expenses	04427	Wash & Grease	-	140	-	-	N/A	0%	N/A
8740	Distribution - Mains and Services Expenses	04582	Building Maintenance	618	4,025	1,885	764	651%	42%	45%
8740	Distribution - Mains and Services Expenses	04590	Utilities	81,969	86,951	45,423	40,272	106%	52%	89%
8740	Distribution - Mains and Services Expenses	04599	Capitalized Utility Costs	(10,744)	-	-	-	0%	N/A	N/A
8740	Distribution - Mains and Services Expenses	05010	Office Supplies	20,052	20,150	16,188	19,530	100%	80%	121%
8740	Distribution - Mains and Services Expenses	05111	Postage/Delivery Services	1,293	1,823	2,186	3,078	141%	120%	141%
8740	Distribution - Mains and Services Expenses	05310	Monthly Lines and service	72	-	-	-	0%	N/A	N/A
8740	Distribution - Mains and Services Expenses	05312	Long Distance	-	-	2	-	N/A	N/A	0%
8740	Distribution - Mains and Services Expenses	05331	WAN/LAN/Internet Service	253	-	-	-	0%	N/A	N/A
8740	Distribution - Mains and Services Expenses	05364	Cellular, radio, pager charges	669	513	-	-	77%	0%	N/A
8740	Distribution - Mains and Services Expenses	05373	Call service - Field technicians	-	88	359	343	N/A	528%	95%
8740	Distribution - Mains and Services Expenses	05374	Call svc-field tech supervisors	-	13	65	83	N/A	528%	95%
8740	Distribution - Mains and Services Expenses	05376	Call service - all others	-	15	80	84	N/A	541%	105%
8740	Distribution - Mains and Services Expenses	05377	Cell phone equipment and accessories	-	-	11	35	N/A	N/A	344%
8740	Distribution - Mains and Services Expenses	05399	Capitalized Telecom Costs	(329)	(309)	(220)	(243)	94%	71%	110%
8740	Distribution - Mains and Services Expenses	05411	Meals & Entertainment	4,921	5,958	7,838	6,344	121%	132%	81%
8740	Distribution - Mains and Services Expenses	05412	Spousal & Dependent Travel	-	-	88	5	N/A	N/A	5%
8740	Distribution - Mains and Services Expenses	05413	Transportation	969	1,433	3,828	2,950	148%	267%	77%
8740	Distribution - Mains and Services Expenses	05414	Lodging	2,891	6,282	6,215	12,068	217%	99%	194%
8740	Distribution - Mains and Services Expenses	05417	Club Dues - Deductible	108	660	711	42	612%	108%	6%
8740	Distribution - Mains and Services Expenses	05419	Misc Employee Expense	1,488	1,907	589	988	130%	31%	167%
8740	Distribution - Mains and Services Expenses	05420	Employee Development	32	1,215	-	1,900	3798%	0%	N/A
8740	Distribution - Mains and Services Expenses	05421	Training	590	1,707	4,875	3,462	289%	286%	71%
8740	Distribution - Mains and Services Expenses	05425	Regulatory Compliance Training	14	-	-	-	0%	N/A	N/A
8740	Distribution - Mains and Services Expenses	05426	Safety Training	-	-	-	100	N/A	N/A	N/A
8740	Distribution - Mains and Services Expenses	05427	Technical (Job Skills) Training	-	555	-	2,208	N/A	0%	N/A
8740	Distribution - Mains and Services Expenses	05429	Work Environment Training	-	1,705	1,873	-	N/A	110%	0%
8740	Distribution - Mains and Services Expenses	06111	Contract Labor	64,789	49,373	100,623	194,679	76%	204%	193%
8740	Distribution - Mains and Services Expenses	07111	Damages	-	1,440	-	-	N/A	0%	N/A
8740	Distribution - Mains and Services Expenses	07120	Environmental & Safety	3,319	2,660	8,952	8,732	80%	337%	96%
8740	Distribution - Mains and Services Expenses	07443	Uniforms	1,190	157	122	70	13%	78%	57%
8740	Distribution - Mains and Services Expenses	07444	Uniforms Capitalized	(659)	(71)	(55)	(35)	11%	77%	64%
8740	Distribution - Mains and Services Expenses	07499	Misc Employee Welfare Exp	459	2,785	2,717	1,062	594%	98%	39%
8740	Distribution - Mains and Services Expenses	07590	Misc General Expense	(4,883)	9,575	6,882	3,635	-205%	70%	54%
8740	Distribution - Mains and Services Expenses	09911	Reimbursements	(20,992)	(33,300)	(3,974)	-	159%	12%	0%
8750	Distribution - Measuring and Regulating Station Expenses - General	01000	Non-project Labor	126,576	162,579	129,049	126,866	128%	79%	98%
8750	Distribution - Measuring and Regulating Station Expenses - General	01008	Expense Labor Accrual	(1,883)	2,536	(2,825)	(2,359)	-151%	-111%	84%
8750	Distribution - Measuring and Regulating Station Expenses - General	02001	Inventory Materials	1,328	1,226	1,067	1,131	92%	87%	108%
8750	Distribution - Measuring and Regulating Station Expenses - General	02004	Warehouse Loading Charge	376	172	149	158	46%	87%	106%
8750	Distribution - Measuring and Regulating Station Expenses - General	02005	Non-Inventory Supplies	12,117	5,937	25,332	21,919	49%	427%	87%
8750	Distribution - Measuring and Regulating Station Expenses - General	03003	Capitalized transportation costs	-	-	-	(14)	N/A	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	03004	Vehicle Expense	-	-	-	70	N/A	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	04302	Heavy Equipment	55	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	04307	Heavy Equipment Capitalized	(52)	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	04582	Building Maintenance	-	-	1,555	3,743	N/A	N/A	241%
8750	Distribution - Measuring and Regulating Station Expenses - General	04590	Utilities	692	798	751	687	115%	94%	91%
8750	Distribution - Measuring and Regulating Station Expenses - General	04599	Capitalized Utility Costs	(52)	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05010	Office Supplies	195	-	36	-	0%	N/A	0%
8750	Distribution - Measuring and Regulating Station Expenses - General	05111	Postage/Delivery Services	-	7	-	-	N/A	0%	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05323	Measurement & Meter Reading	169	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05364	Cellular, radio, pager charges	32	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05399	Capitalized Telecom Costs	(9)	-	-	-	0%	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05411	Meals & Entertainment	1,025	892	1,125	808	87%	126%	72%
8750	Distribution - Measuring and Regulating Station Expenses - General	05412	Spousal & Dependent Travel	-	-	50	12	N/A	N/A	24%
8750	Distribution - Measuring and Regulating Station Expenses - General	05413	Transportation	585	-	14	120	0%	N/A	842%
8750	Distribution - Measuring and Regulating Station Expenses - General	05414	Lodging	1,452	1,423	1,346	1,071	98%	95%	80%
8750	Distribution - Measuring and Regulating Station Expenses - General	05417	Club Dues - Deductible	-	-	19	81	N/A	N/A	435%
8750	Distribution - Measuring and Regulating Station Expenses - General	05419	Misc Employee Expense	172	322	-	-	187%	0%	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05421	Training	-	-	-	767	N/A	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	05427	Technical (Job Skills) Training	-	-	-	205	N/A	N/A	N/A
8750	Distribution - Measuring and Regulating Station Expenses - General	06111	Contract Labor	3,697	8,885	4,221	-	240%	48%	0%
8750	Distribution - Measuring and Regulating Station Expenses - General	07443	Uniforms	61	-	120	-	0%	N/A	0%

**Atmos Energy Corp.**  
**Case No. 2009-00354**  
**Comparison of Expense Account Balances**  
**Item 1-29 Part B**  
**CY06-CY08, Jan09-Aug09**  
**KY - Div 009**

Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period	CY07 vs CY06	CY08 vs CY07	CY08 vs CY08
							CY 09	YOY % Change	YOY % Change	YOY % Change
8750	Distribution - Measuring and Regulating Station Expenses - General	07444	Uniforms Capitalized	(24)	-	(58)	-	0%	N/A	0%
8750	Distribution - Measuring and Regulating Station Expenses - General	07590	Misc General Expense	1,952	11,189	197	70	573%	2%	36%
8750	Distribution - Measuring and Regulating Station Expenses - General	01000	Non-project Labor	147,568	98,411	111,655	115,553	85%	116%	103%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01008	Expense Labor Accrual	341	(2,141)	1,694	(2,098)	-527%	-88%	-111%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02001	Inventory Materials	4,810	8,162	6,174	6,808	170%	75%	110%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02004	Warehouse Loading Charge	1,409	1,145	894	953	81%	75%	110%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	02005	Non-Inventory Supplies	3,948	10,211	1,573	5,392	259%	15%	343%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05010	Office Supplies	-	-	66	-	N/A	N/A	0%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05111	Postage/Delivery Services	151	-	-	-	0%	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05411	Meals & Entertainment	964	609	156	356	63%	26%	229%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05413	Transportation	305	409	-	120	133%	0%	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05414	Lodging	752	435	228	587	59%	52%	251%
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05419	Misc Employee Expense	117	221	-	-	189%	0%	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05421	Training	-	-	-	205	N/A	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	05427	Technical (Job Skills) Training	-	-	-	-	0%	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	07443	Uniforms	94	-	-	-	0%	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	07444	Uniforms Capitalized	(41)	-	-	-	0%	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	07590	Misc General Expense	180	-	-	30	0%	N/A	N/A
8760	Distribution - Measuring and Regulating Station Expenses - Industrial	01000	Non-project Labor	50,065	47,598	58,708	61,782	95%	116%	109%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	01008	Expense Labor Accrual	(1,546)	55	(1,413)	-	-168%	2%	-2552%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02001	Inventory Materials	7,570	10,024	10,613	12,097	132%	106%	114%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02004	Warehouse Loading Charge	2,283	1,403	1,508	1,694	62%	107%	112%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	02005	Non-Inventory Supplies	11,140	4,967	37,370	28,626	45%	752%	77%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04580	Building Lease/Rents Capitalized	-	-	(5,199)	-	N/A	N/A	116%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04581	Building Lease/Rents	-	10,000	29,763	-	N/A	N/A	298%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04582	Building Maintenance	2,270	2,285	6,770	1,591	101%	296%	24%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04582	Building Maintenance	5,160	8,816	7,844	5,181	171%	89%	66%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04590	Utilities	-	-	-	149	N/A	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04592	Misc Rents	-	-	-	-	0%	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04599	Capitalized Utility Costs	(1,284)	-	23	-	N/A	N/A	0%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	04889	Land Rights	189	-	-	-	0%	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05010	Office Supplies	289	569	289	92	20%	51%	32%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05414	Lodging	2,833	-	-	-	0%	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05419	Misc Employee Expense	1,809	-	-	-	0%	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05421	Training	19,438	-	-	-	N/A	N/A	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	05427	Technical (Job Skills) Training	-	-	4,394	4,848	0%	N/A	110%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	06111	Contract Labor	26,335	-	151	-	N/A	N/A	0%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	07499	Misc Employee Welfare Exp	-	700	-	2,530	28%	0%	N/A
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	07590	Misc General Expense	2,531	-	-	-	99%	108%	96%
8770	Distribution - Measuring and Regulating Station Exp. - City Gate Chk. Sta.	01000	Non-project Labor	945,099	933,607	1,007,678	969,959	99%	108%	96%
8780	Distribution - Meter and House Regulator Expenses	01008	Expense Labor Accrual	(5,880)	3,933	21,419	(45,165)	-67%	545%	-211%
8780	Distribution - Meter and House Regulator Expenses	02001	Inventory Materials	12,141	17,399	13,097	11,553	143%	75%	88%
8780	Distribution - Meter and House Regulator Expenses	02004	Warehouse Loading Charge	3,705	2,438	1,834	1,617	65%	75%	88%
8780	Distribution - Meter and House Regulator Expenses	02005	Non-Inventory Supplies	388	417	5,197	679	107%	1247%	13%
8780	Distribution - Meter and House Regulator Expenses	02006	Purchasing Card Charges	-	-	22	12	N/A	N/A	0%
8780	Distribution - Meter and House Regulator Expenses	03003	Capitalized transportation costs	-	-	(19)	-	N/A	N/A	0%
8780	Distribution - Meter and House Regulator Expenses	03004	Vehicle Expense	-	-	42	-	N/A	N/A	0%
8780	Distribution - Meter and House Regulator Expenses	04302	Heavy Equipment	330	887	-	104	288%	0%	N/A
8780	Distribution - Meter and House Regulator Expenses	04307	Heavy Equipment Capitalized	(286)	(754)	-	(88)	264%	0%	N/A
8780	Distribution - Meter and House Regulator Expenses	04582	Building Maintenance	325	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	04590	Utilities	15,742	15,055	10,625	10,271	96%	71%	97%
8780	Distribution - Meter and House Regulator Expenses	04599	Capitalized Utility Costs	(2,353)	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05010	Office Supplies	10,318	9,945	10,453	7,899	98%	105%	94%
8780	Distribution - Meter and House Regulator Expenses	05111	Postage/Delivery Services	355	44	-	-	13%	0%	N/A
8780	Distribution - Meter and House Regulator Expenses	05323	Measurement & Meter Reading	729	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05373	Call service - Field technicians	-	-	-	-	N/A	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05374	Cell svc-field tech supervisors	-	-	-	-	N/A	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05375	Call service - all others	-	-	-	-	N/A	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05399	Capitalized Telecom Costs	-	-	-	-	N/A	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05411	Meals & Entertainment	2,571	1,153	2,935	2,610	45%	254%	89%
8780	Distribution - Meter and House Regulator Expenses	05412	Spousal & Dependent Travel	-	15	5	-	N/A	N/A	32%
8780	Distribution - Meter and House Regulator Expenses	05413	Transportation	46	222	778	533	478%	351%	69%
8780	Distribution - Meter and House Regulator Expenses	05414	Lodging	2,165	144	410	574	7%	284%	140%
8780	Distribution - Meter and House Regulator Expenses	05419	Misc Employee Expense	408	416	5	111	102%	1%	2028%
8780	Distribution - Meter and House Regulator Expenses	05421	Training	-	-	270	-	N/A	N/A	0%
8780	Distribution - Meter and House Regulator Expenses	05427	Technical (Job Skills) Training	-	-	-	205	N/A	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	05427	Technical (Job Skills) Training	-	-	(12)	(133)	0%	N/A	1154%
8780	Distribution - Meter and House Regulator Expenses	06111	Contract Labor	30,862	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	07499	Misc Employee Welfare Exp	88	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	07590	Misc General Expense	191	-	-	462	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	09911	Reimbursements	(196)	-	-	-	0%	N/A	N/A
8780	Distribution - Meter and House Regulator Expenses	01000	Non-project Labor	78,543	77,113	88,432	60,317	98%	115%	68%
8790	Distribution - Customer Installations Expenses	01008	Expense Labor Accrual	(1,197)	(140)	1,727	(3,427)	12%	-1236%	-198%

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8790	Distribution - Customer Installations Expenses	02001	Inventory Materials	-	6	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	02004	Warehouse Loading Charge	-	1	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	02005	Non-Inventory Supplies	2,953	3,249	1,754	2,230	110%	54%	127%
8790	Distribution - Customer Installations Expenses	05010	Office Supplies	-	-	-	26	N/A	N/A	N/A
8790	Distribution - Customer Installations Expenses	05411	Meals & Entertainment	-	75	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	05413	Transportation	-	283	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	05414	Lodging	-	138	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	05419	Misc Employee Expense	-	6	-	-	N/A	0%	N/A
8790	Distribution - Customer Installations Expenses	07590	Misc General Expense	25	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	01000	Non-project Labor	28,887	6,704	5,841	11,580	23%	87%	198%
8800	Distribution - Other Expenses	01008	O&M Project Labor and Contra	21,665	580	-	-	3%	0%	N/A
8800	Distribution - Other Expenses	01008	Expense Labor Accrual	(757)	54	(54)	695	-7%	-100%	-1286%
8800	Distribution - Other Expenses	01013	Expense Labor Transfer In	25,900	580	-	-	2%	0%	N/A
8800	Distribution - Other Expenses	01014	Expense Labor Transfer Out	(21,665)	(580)	-	-	3%	0%	N/A
8800	Distribution - Other Expenses	02001	Inventory Materials	111	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	02004	Warehouse Loading Charge	18	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	02005	Non-Inventory Supplies	4,731	3,303	2,413	1,250	70%	73%	52%
8800	Distribution - Other Expenses	03003	Capitalized transportation costs	(84)	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	03004	Vehicle Expense	159	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	04001	Safety Newspaper	-	-	-	306	N/A	N/A	N/A
8800	Distribution - Other Expenses	04044	Advertising	-	-	-	133	N/A	N/A	N/A
8800	Distribution - Other Expenses	04582	Building Maintenance	522	-	539	-	0%	N/A	0%
8800	Distribution - Other Expenses	04599	Capitalized Utility Costs	(327)	-	(307)	-	0%	N/A	0%
8800	Distribution - Other Expenses	05010	Office Supplies	2,130	358	-	-	17%	0%	N/A
8800	Distribution - Other Expenses	05111	Postage/Delivery Services	8,635	2,643	3,343	3,939	31%	128%	118%
8800	Distribution - Other Expenses	05411	Meals & Entertainment	105	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	05413	Transportation	123	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	05414	Lodging	938	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	05419	Misc Employee Expense	19	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	05421	Training	-	339	51	-	N/A	15%	0%
8800	Distribution - Other Expenses	07443	Uniforms	323	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	07444	Uniforms Capitalized	(132)	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	07499	Misc Employee Welfare Exp	150	-	-	-	0%	N/A	N/A
8800	Distribution - Other Expenses	07510	Association Dues	280	-	-	442	0%	N/A	N/A
8800	Distribution - Other Expenses	07590	Misc General Expense	20	-	20	855	0%	N/A	4277%
8810	Distribution - Rents	01000	Non-project Labor	-	(82)	1,850	2,193	N/A	-2282%	119%
8810	Distribution - Rents	01008	Expense Labor Accrual	-	-	164	(205)	N/A	N/A	-125%
8810	Distribution - Rents	02005	Non-Inventory Supplies	562	284	49	208	47%	19%	426%
8810	Distribution - Rents	03003	Capitalized transportation costs	-	-	(153)	-	N/A	N/A	0%
8810	Distribution - Rents	03004	Vehicle Expense	-	-	240	-	N/A	N/A	0%
8810	Distribution - Rents	04302	Heavy Equipment	-	-	620	41	N/A	N/A	7%
8810	Distribution - Rents	04307	Heavy Equipment Capitalized	-	-	(527)	(35)	N/A	N/A	7%
8810	Distribution - Rents	04580	Building Lease/Rents Capitalized	(503,800)	(220,569)	(233,135)	(329,211)	44%	106%	141%
8810	Distribution - Rents	04581	Building Lease/Rents	923,425	428,430	478,169	743,936	48%	112%	156%
8810	Distribution - Rents	04582	Building Maintenance	215,353	152,023	160,652	149,121	71%	108%	93%
8810	Distribution - Rents	04585	Railroad easements and crossings	709	838	764	1,028	118%	91%	135%
8810	Distribution - Rents	04590	Utilities	5,788	6,817	8,835	7,860	118%	130%	89%
8810	Distribution - Rents	04592	Misc Rents	-	39	-	-	N/A	0%	N/A
8810	Distribution - Rents	04599	Capitalized Utility Costs	(127,149)	(83,837)	(88,947)	(78,468)	86%	104%	88%
8810	Distribution - Rents	04798	Storage Lease	314	-	-	-	0%	N/A	N/A
8810	Distribution - Rents	05010	Office Supplies	(189)	(41)	486	776	22%	-1185%	160%
8810	Distribution - Rents	05111	Postage/Delivery Services	14	-	-	-	0%	N/A	N/A
8810	Distribution - Rents	05412	Spousal & Dependent Travel	-	524	-	-	N/A	0%	N/A
8810	Distribution - Rents	07499	Misc Employee Welfare Exp	643	135	65	43	21%	48%	66%
8810	Distribution - Rents	07590	Misc General Expense	1,101	465	700	-	42%	151%	0%
8850	Distribution - Maintenance Supervision and Engineering	01000	Non-project Labor	285,348	209,034	150,058	-	79%	72%	0%
8850	Distribution - Maintenance Supervision and Engineering	01008	Expense Labor Accrual	(315)	(2,055)	(8,807)	(638)	652%	428%	7%
8850	Distribution - Maintenance Supervision and Engineering	02005	Non-Inventory Supplies	-	-	26	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	03003	Capitalized transportation costs	-	-	(2)	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	03004	Vehicle Expense	-	-	4	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	04048	Cust Relations & Assst	-	-	551	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	04302	Heavy Equipment	-	-	20	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	04307	Heavy Equipment Capitalized	-	-	(17)	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	04413	Fuel - Diesel	-	-	12	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	04582	Building Maintenance	-	-	10	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	05010	Office Supplies	9	26	22	-	287%	85%	0%
8850	Distribution - Maintenance Supervision and Engineering	05111	Postage/Delivery Services	2,517	2,158	2,684	2,287	86%	124%	85%
8850	Distribution - Maintenance Supervision and Engineering	05411	Meals & Entertainment	10,687	10,587	8,705	-	99%	83%	0%
8850	Distribution - Maintenance Supervision and Engineering	05412	Spousal & Dependent Travel	-	-	12	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	05413	Transportation	5,316	1,216	-	-	23%	0%	N/A
8850	Distribution - Maintenance Supervision and Engineering	05414	Lodging	5,903	6,978	2,166	-	118%	31%	0%

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8850	Distribution - Maintenance Supervision and Engineering	05418	Misc Employee Expense	2,385	2,827	117	-	119%	4%	0%
8850	Distribution - Maintenance Supervision and Engineering	05427	Technical (Job Skills) Training	-	-	158	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	05428	Computer Skills & Systems Training	-	-	48	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	07120	Environmental & Safety	-	-	34	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	07499	Misc Employee Welfare Exp	-	-	33	-	N/A	N/A	0%
8850	Distribution - Maintenance Supervision and Engineering	07590	Misc General Expense	94	-	16	-	0%	N/A	0%
8880	Distribution - Maintenance of Structures and Improvements	02005	Non-inventory Supplies	-	405	130	-	N/A	32%	0%
8880	Distribution - Maintenance of Structures and Improvements	04582	Building Maintenance	12,614	8,296	10,883	10,311	66%	131%	95%
8880	Distribution - Maintenance of Structures and Improvements	04599	Capitalized Utility Costs	(1,329)	-	-	-	0%	N/A	N/A
8880	Distribution - Maintenance of Structures and Improvements	07590	Misc General Expense	-	3,021	-	-	N/A	0%	N/A
8870	Distribution - Maintenance of Mains	01000	Non-project Labor	7,521	26,626	40,581	16,175	354%	152%	40%
8870	Distribution - Maintenance of Mains	01006	O&M Project Labor and Contra	8,953	-	-	-	0%	N/A	N/A
8870	Distribution - Maintenance of Mains	01008	Expense Labor Accrual	2,430	1,840	(1,292)	(624)	76%	-70%	48%
8870	Distribution - Maintenance of Mains	01014	Expense Labor Transfer Out	(8,953)	-	-	-	0%	N/A	N/A
8870	Distribution - Maintenance of Mains	02001	Inventory Materials	938	1,812	1,516	1,213	193%	84%	80%
8870	Distribution - Maintenance of Mains	02004	Warehouse Loading Charge	267	254	212	170	95%	84%	80%
8870	Distribution - Maintenance of Mains	02005	Non-inventory Supplies	1,416	458	2,910	1,105	32%	638%	38%
8870	Distribution - Maintenance of Mains	04582	Building Maintenance	1,409	238	-	-	17%	0%	N/A
8870	Distribution - Maintenance of Mains	04585	Railroad easements and crossings	-	15	45	44	N/A	300%	88%
8870	Distribution - Maintenance of Mains	05312	Long Distance	-	-	5	-	N/A	N/A	0%
8870	Distribution - Maintenance of Mains	05399	Capitalized Telecom Costs	-	-	(3)	-	N/A	N/A	0%
8870	Distribution - Maintenance of Mains	05411	Meals & Entertainment	-	-	551	-	N/A	N/A	0%
8870	Distribution - Maintenance of Mains	05414	Lodging	-	-	331	-	N/A	N/A	0%
8870	Distribution - Maintenance of Mains	08111	Contract Labor	6,000	-	-	1,048	0%	N/A	N/A
8870	Distribution - Maintenance of Mains	07590	Misc General Expense	812	862	-	-	141%	0%	N/A
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01000	Non-project Labor	18,408	16,778	14,598	5,853	91%	87%	40%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	01008	Expense Labor Accrual	217	(158)	(81)	517	-72%	39%	-849%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02001	Inventory Materials	(1,054)	565	141	-	-54%	25%	0%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02004	Warehouse Loading Charge	(369)	79	20	-	-21%	25%	0%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	02005	Non-inventory Supplies	4,527	4,728	8,365	7,106	104%	177%	85%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	04306	Parts	-	-	323	177	N/A	N/A	55%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	08111	Contract Labor	-	-	14,388	-	N/A	N/A	0%
8890	Distribution - Maint. of Measuring and Regulating Station Equip. - General	07590	Misc General Expense	2,329	7,312	-	-	314%	0%	N/A
8900	Distribution - Maint. of Measuring and Regulating Station Equip. - Industrial	02005	Non-inventory Supplies	(3,837)	982	3,723	6,829	-28%	379%	178%
8900	Distribution - Maint. of Measuring and Regulating Station Equip. - Industrial	06111	Contract Labor	2,055	-	2,103	-	0%	N/A	0%
8900	Distribution - Maint. of Measuring and Regulating Station Equip. - Industrial	07590	Misc General Expense	8,616	-	-	-	0%	N/A	N/A
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01000	Non-project Labor	-	529	-	-	N/A	0%	N/A
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	01008	Expense Labor Accrual	-	291	(291)	-	N/A	-100%	0%
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	02005	Non-inventory Supplies	(1,861)	744	3,482	2,296	-40%	468%	66%
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04302	Heavy Equipment	570	330	12	7	58%	4%	57%
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04307	Heavy Equipment Capitalized	(530)	(281)	(10)	(6)	53%	4%	57%
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	04590	Utilities	211	-	-	-	0%	N/A	N/A
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	06111	Contract Labor	2,000	2,577	5,334	8,725	129%	207%	164%
8910	Distribution - Maint. of Measuring and Regulating Station Equip. - City Gate	07590	Misc General Expense	4,495	7,938	-	-	177%	0%	N/A
8920	Distribution - Maintenance of Services	01000	Non-project Labor	3,531	21,360	45,921	36,718	605%	215%	80%
8920	Distribution - Maintenance of Services	01006	O&M Project Labor and Contra	10,085	-	-	-	0%	N/A	N/A
8920	Distribution - Maintenance of Services	01008	Expense Labor Accrual	90	1,972	(536)	(633)	2190%	-27%	118%
8920	Distribution - Maintenance of Services	01014	Expense Labor Transfer Out	(10,085)	-	-	-	0%	N/A	N/A
8920	Distribution - Maintenance of Services	02005	Non-inventory Supplies	-	22	-	678	N/A	0%	N/A
8920	Distribution - Maintenance of Services	05312	Long Distance	-	-	5	-	N/A	N/A	0%
8920	Distribution - Maintenance of Services	05399	Capitalized Telecom Costs	-	-	(3)	-	N/A	N/A	0%
8920	Distribution - Maintenance of Services	05411	Meals & Entertainment	9	56	911	124	618%	1632%	14%
8920	Distribution - Maintenance of Services	05413	Transportation	-	15	102	29	N/A	681%	29%
8920	Distribution - Maintenance of Services	05414	Lodging	-	53	331	-	N/A	627%	0%
8920	Distribution - Maintenance of Services	07590	Misc General Expense	(587)	-	-	-	0%	N/A	N/A
8930	Distribution - Maintenance of Meters and House Regulators	01000	Non-project Labor	3,857	-	745	2,215	0%	N/A	297%
8930	Distribution - Maintenance of Meters and House Regulators	01008	Expense Labor Accrual	717	(759)	218	(218)	-106%	-29%	-100%
8930	Distribution - Maintenance of Meters and House Regulators	02005	Non-inventory Supplies	-	-	-	95	N/A	N/A	N/A
8930	Distribution - Maintenance of Meters and House Regulators	04590	Utilities	127	-	-	-	0%	N/A	N/A
8930	Distribution - Maintenance of Meters and House Regulators	04599	Capitalized Utility Costs	(19)	-	-	-	0%	N/A	N/A
8930	Distribution - Maintenance of Meters and House Regulators	08111	Contract Labor	-	2,469	-	-	N/A	0%	N/A
8940	Distribution - Maintenance of Other Equipment	02005	Non-inventory Supplies	12,311	12,746	17,588	13,803	104%	138%	78%
8940	Distribution - Maintenance of Other Equipment	04302	Heavy Equipment	31	-	274	703	0%	N/A	256%
8940	Distribution - Maintenance of Other Equipment	04307	Heavy Equipment Capitalized	(29)	-	(230)	(598)	0%	N/A	280%
8940	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	318	-	-	N/A	0%	N/A
8940	Distribution - Maintenance of Other Equipment	05373	Cell service - Field technicians	-	-	2,770	5,730	N/A	N/A	207%
8940	Distribution - Maintenance of Other Equipment	05374	Cell svco-field tech supervisors	-	-	320	37	N/A	N/A	12%
8940	Distribution - Maintenance of Other Equipment	05375	Cell service - all others	-	-	377	54	N/A	N/A	14%
8940	Distribution - Maintenance of Other Equipment	05399	Capitalized Telecom Costs	-	-	(1,760)	(2,819)	N/A	N/A	160%
8940	Distribution - Maintenance of Other Equipment	07590	Misc General Expense	44	-	-	-	0%	N/A	N/A
8940	Distribution - Maintenance of Other Equipment	09911	Reimbursements	-	-	-	-	N/A	N/A	N/A

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8950	Distribution - Maintenance of Other Equipment	05010	Office Supplies	-	-	-	-	N/A	N/A	N/A
9010	Customer Accounts - Supervision	02005	Non-Inventory Supplies	-	53	-	-	N/A	0%	N/A
9010	Customer Accounts - Supervision	05010	Office Supplies	3,136	538	-	-	17%	0%	N/A
9020	Customer Accounts - Meter Reading Expense	01000	Non-project Labor	749,518	742,679	716,700	760,008	99%	97%	108%
9020	Customer Accounts - Meter Reading Expense	01008	Expense Labor Accrual	(3,682)	4,644	3,273	(23,303)	-127%	70%	-712%
9020	Customer Accounts - Meter Reading Expense	02001	Inventory Materials	-	283	-	-	N/A	0%	N/A
9020	Customer Accounts - Meter Reading Expense	02004	Warehouse Loading Charge	-	40	-	-	N/A	0%	N/A
9020	Customer Accounts - Meter Reading Expense	02005	Non-Inventory Supplies	1,820	2,629	506	6,762	144%	19%	1732%
9020	Customer Accounts - Meter Reading Expense	03003	Capitalized transportation costs	-	(16)	(15)	(16)	N/A	89%	109%
9020	Customer Accounts - Meter Reading Expense	03004	Vehicle Expense	-	31	31	47	N/A	99%	153%
9020	Customer Accounts - Meter Reading Expense	04590	Utilities	100	282	340	421	283%	120%	124%
9020	Customer Accounts - Meter Reading Expense	05010	Office Supplies	99	-	429	378	0%	N/A	88%
9020	Customer Accounts - Meter Reading Expense	05111	Postage/Delivery Services	57	10	10	16	17%	102%	161%
9020	Customer Accounts - Meter Reading Expense	05411	Meals & Entertainment	73	368	1,588	2,350	508%	431%	148%
9020	Customer Accounts - Meter Reading Expense	05412	Spousal & Dependent Travel	-	-	32	-	N/A	N/A	0%
9020	Customer Accounts - Meter Reading Expense	05413	Transportation	172	-	6,220	5,982	0%	N/A	96%
9020	Customer Accounts - Meter Reading Expense	05414	Lodging	-	488	5,545	3,691	N/A	1136%	67%
9020	Customer Accounts - Meter Reading Expense	05419	Misc Employee Expense	80	44	-	-	55%	0%	N/A
9020	Customer Accounts - Meter Reading Expense	05427	Technical (Job Skills) Training	-	-	-	284	N/A	N/A	N/A
9020	Customer Accounts - Meter Reading Expense	08111	Contract Labor	14,899	6,135	12,877	54,529	41%	210%	423%
9020	Customer Accounts - Meter Reading Expense	07499	Misc Employee Welfare Exp	-	-	31	973	N/A	N/A	3190%
9030	Customer Accounts - Customer Records and Collection Expenses	01000	Non-project Labor	132,187	117,022	123,555	168,563	89%	106%	136%
9030	Customer Accounts - Customer Records and Collection Expenses	01008	Expense Labor Accrual	(855)	675	2,632	(437)	-79%	390%	-17%
9030	Customer Accounts - Customer Records and Collection Expenses	02005	Non-Inventory Supplies	-	32	-	-	N/A	0%	N/A
9030	Customer Accounts - Customer Records and Collection Expenses	04046	Cust Relations & Assist	-	14	-	-	N/A	0%	N/A
9030	Customer Accounts - Customer Records and Collection Expenses	04590	Utilities	5,075	6,801	3,563	2,314	134%	52%	65%
9030	Customer Accounts - Customer Records and Collection Expenses	04599	Capitalized Utility Costs	(495)	-	-	-	0%	N/A	N/A
9030	Customer Accounts - Customer Records and Collection Expenses	05010	Office Supplies	9,523	9,857	8,921	10,252	104%	91%	115%
9030	Customer Accounts - Customer Records and Collection Expenses	05111	Postage/Delivery Services	451	562	343	428	125%	61%	125%
9030	Customer Accounts - Customer Records and Collection Expenses	05411	Meals & Entertainment	-	-	-	102	N/A	N/A	N/A
9030	Customer Accounts - Customer Records and Collection Expenses	05415	Membership Fees	281	526	100	116	202%	19%	116%
9030	Customer Accounts - Customer Records and Collection Expenses	06112	Collection Fees	238,102	54,269	211,307	312,016	23%	389%	148%
9030	Customer Accounts - Customer Records and Collection Expenses	06116	Bill Print Fees	765,730	830,719	(242,702)	4,072	108%	-29%	-2%
9030	Customer Accounts - Customer Records and Collection Expenses	07499	Misc Employee Welfare Exp	784	628	692	927	82%	110%	134%
9030	Customer Accounts - Customer Records and Collection Expenses	07590	Misc General Expense	105	-	415	85	0%	N/A	20%
9040	Customer Accounts - Uncollectible Accounts	09927	Cust Uncol Acct-Write Off	825,449	1,201,661	1,487,424	646,091	148%	124%	43%
9050	Customer Accounts - Miscellaneous Customer Accounts Expense	05010	Office Supplies	-	-	263	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	01000	Non-project Labor	90,727	25,388	31,758	-	28%	125%	0%
9070	Customer Service and Informational - Supervision	01008	Expense Labor Accrual	(2,894)	699	(1,839)	(283)	-31%	-205%	15%
9070	Customer Service and Informational - Supervision	04040	Community Rel.&Trade Shows	1,782	-	-	-	0%	N/A	N/A
9070	Customer Service and Informational - Supervision	04044	Advertising	391	252	50	175	64%	20%	351%
9070	Customer Service and Informational - Supervision	04046	Cust Relations & Assist	-	-	2,249	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	05010	Office Supplies	365	-	18	25	0%	N/A	140%
9070	Customer Service and Informational - Supervision	05111	Postage/Delivery Services	56	-	5	-	0%	N/A	0%
9070	Customer Service and Informational - Supervision	05312	Long Distance	-	-	1	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	05331	WAN/LAN/Internet Service	-	-	4	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	05399	Capitalized Telecom Costs	-	-	(2)	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	05411	Meals & Entertainment	5,150	3,924	6,037	-	76%	154%	0%
9070	Customer Service and Informational - Supervision	05412	Spousal & Dependent Travel	-	-	255	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	05413	Transportation	6,540	7,119	8,878	-	109%	125%	0%
9070	Customer Service and Informational - Supervision	05414	Lodging	5,547	4,811	5,557	-	87%	115%	0%
9070	Customer Service and Informational - Supervision	05419	Misc Employee Expense	1,539	5,769	164	-	375%	3%	0%
9070	Customer Service and Informational - Supervision	05421	Training	1,840	-	-	-	0%	N/A	N/A
9070	Customer Service and Informational - Supervision	05424	Books & Manuals	-	-	82	-	N/A	N/A	0%
9070	Customer Service and Informational - Supervision	07590	Misc General Expense	-	-	12	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	01000	Non-project Labor	96,263	45,684	82,242	-	47%	180%	0%
9080	Customer Service and Informational - Customer Assistance Expenses	01008	Expense Labor Accrual	(1,534)	1,410	(4,466)	(740)	-92%	-317%	17%
9080	Customer Service and Informational - Customer Assistance Expenses	02005	Non-Inventory Supplies	-	22	-	-	N/A	0%	N/A
9080	Customer Service and Informational - Customer Assistance Expenses	04021	Promo Other, Misc	-	191	-	-	N/A	0%	N/A
9080	Customer Service and Informational - Customer Assistance Expenses	04044	Advertising	1,452	-	75	-	0%	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	04046	Cust Relations & Assist	-	-	88	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	05010	Office Supplies	46	-	55	30	0%	N/A	55%
9080	Customer Service and Informational - Customer Assistance Expenses	05111	Postage/Delivery Services	-	-	73	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	05312	Long Distance	-	-	1	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	05399	Capitalized Telecom Costs	-	-	(0)	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	05411	Meals & Entertainment	4,708	7,018	3,012	637	149%	43%	21%
9080	Customer Service and Informational - Customer Assistance Expenses	05412	Spousal & Dependent Travel	-	-	1,530	-	N/A	N/A	0%
9080	Customer Service and Informational - Customer Assistance Expenses	05413	Transportation	14,832	13,577	7,990	109	92%	59%	1%
9080	Customer Service and Informational - Customer Assistance Expenses	05414	Lodging	3,689	2,517	2,456	21	69%	98%	1%
9080	Customer Service and Informational - Customer Assistance Expenses	05415	Membership Fees	4	-	-	-	0%	N/A	N/A
9080	Customer Service and Informational - Customer Assistance Expenses	05417	Club Dues - Deductible	-	-	32	-	N/A	N/A	0%

**Atmos Energy Corp.**  
**Case No. 2009-00354**  
**Comparison of Expense Account Balances**  
**Item 1-29 Part B**  
**CY06-CY08, Jan09-Aug09**  
**KY - Div 009**

Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period	CY07 vs CY06	CY08 vs CY07	CY09 vs CY08
							CY 09	YOY % Change	YOY % Change	YOY % Change
9080	Customer Service and Informational - Customer Assistance Expenses	05419	Misc Employee Expense	758	977	118	-	129%	12%	0%
9080	Customer Service and Informational - Customer Assistance Expenses	07590	Misc General Expense	-	120	-	-	N/A	0%	N/A
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	01000	Non-project Labor	2,712	22,914	38,954	73,309	845%	170%	188%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	01008	Expense Labor Accrual	453	819	2,511	(832)	181%	305%	-33%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04021	Promo Other,Misc	16,140	25	1,091	165	0%	4330%	15%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04040	Community Rel&Trade Shows	1,540	237	1,658	734	15%	698%	44%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04044	Advertising	174	3,233	10,551	2,558	1857%	325%	24%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	04046	Cust Relations & Assist	550	715	11,358	2,840	130%	1588%	25%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05010	Office Supplies	755	1,058	2,600	1,519	140%	246%	58%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05411	Meals & Entertainment	-	-	802	2,668	N/A	N/A	286%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05413	Transportation	-	-	2,008	5,184	N/A	N/A	258%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05414	Lodging	-	-	728	1,839	N/A	N/A	228%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05416	Club Dues - Nondeductible	-	-	55	-	N/A	N/A	0%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05417	Club Dues - Deductible	-	-	176	443	N/A	N/A	252%
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	05419	Misc Employee Expense	-	-	-	46	N/A	N/A	N/A
9090	Customer Service and Informational - Informational and Instructional Advertising Expenses	07590	Misc General Expense	3,995	5,976	298	(0)	150%	5%	0%
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04040	Community Rel&Trade Shows	3,842	-	26	-	0%	N/A	0%
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04044	Advertising	1,118	285	-	-	25%	0%	N/A
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	04046	Cust Relations & Assist	14,349	59	-	490	0%	0%	N/A
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	05010	Office Supplies	-	-	15	-	N/A	N/A	0%
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	07499	Misc Employee Welfare Exp	-	-	8	-	N/A	N/A	0%
9100	Customer Service and Informational - Miscellaneous Customer Service and Informational Expenses	07590	Misc General Expense	775	-	-	-	0%	N/A	N/A
9110	Sales - Supervision	01000	Non-project Labor	712	1,979	82,979	275,611	278%	4193%	332%
9110	Sales - Supervision	01008	Expense Labor Accrual	119	219	14,536	(6,175)	164%	6839%	-42%
9110	Sales - Supervision	03003	Capitalized transportation costs	-	-	-	(1)	N/A	N/A	N/A
9110	Sales - Supervision	03004	Vehicle Expense	-	-	-	4	N/A	N/A	N/A
9110	Sales - Supervision	04021	Promo Other,Misc	-	-	-	804	N/A	N/A	N/A
9110	Sales - Supervision	04022	Promo Sales, Misc	-	-	-	34	N/A	N/A	N/A
9110	Sales - Supervision	04040	Community Rel&Trade Shows	11,306	600	1,293	119	5%	216%	9%
9110	Sales - Supervision	04046	Cust Relations & Assist	28,314	25,489	27,208	6,697	97%	107%	25%
9110	Sales - Supervision	05010	Office Supplies	38	61	21	338	161%	35%	1583%
9110	Sales - Supervision	05312	Long Distance	-	-	1	9	N/A	N/A	1498%
9110	Sales - Supervision	05399	Capitalized Telecom Costs	-	-	(0)	(4)	N/A	N/A	1378%
9110	Sales - Supervision	05411	Meals & Entertainment	197	-	2,160	8,104	0%	N/A	375%
9110	Sales - Supervision	05412	Spousal & Dependent Travel	-	-	55	1,945	N/A	N/A	3539%
9110	Sales - Supervision	05413	Transportation	-	-	10,152	31,007	N/A	N/A	305%
9110	Sales - Supervision	05414	Lodging	-	-	3,802	12,784	N/A	N/A	328%
9110	Sales - Supervision	05419	Misc Employee Expense	-	-	1	-	N/A	N/A	0%
9110	Sales - Supervision	05420	Employee Development	-	-	-	244	N/A	N/A	N/A
9110	Sales - Supervision	05421	Training	-	-	-	51	N/A	N/A	N/A
9120	Sales - Demonstrating and Selling Expenses	01000	Non-project Labor	42,255	105,104	40,781	983	249%	39%	2%
9120	Sales - Demonstrating and Selling Expenses	01008	Expense Labor Accrual	(523)	430	(1,872)	(894)	-82%	-435%	48%
9120	Sales - Demonstrating and Selling Expenses	04017	Promo Sales,Consumer Rel	-	-	12	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	04021	Promo Other,Misc	12,895	-	8,899	11,135	0%	N/A	125%
9120	Sales - Demonstrating and Selling Expenses	04040	Community Rel&Trade Shows	11,568	19,813	32,646	25,030	171%	165%	77%
9120	Sales - Demonstrating and Selling Expenses	04044	Advertising	-	274	457	2,516	N/A	166%	551%
9120	Sales - Demonstrating and Selling Expenses	04046	Cust Relations & Assist	73,945	56,640	86,725	82,778	77%	153%	95%
9120	Sales - Demonstrating and Selling Expenses	05010	Office Supplies	366	690	1,083	819	188%	154%	58%
9120	Sales - Demonstrating and Selling Expenses	05111	Postage/Delivery Services	-	29	-	-	N/A	0%	N/A
9120	Sales - Demonstrating and Selling Expenses	05312	Long Distance	-	-	2	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	05373	Cell service - Field technicians	-	23	23	-	N/A	100%	0%
9120	Sales - Demonstrating and Selling Expenses	05374	Cell svc-field tech supervisors	-	4	4	-	N/A	100%	0%
9120	Sales - Demonstrating and Selling Expenses	05375	Cell service - all others	-	5	5	-	N/A	100%	0%
9120	Sales - Demonstrating and Selling Expenses	05399	Capitalized Telecom Costs	-	(15)	(17)	-	N/A	114%	0%
9120	Sales - Demonstrating and Selling Expenses	05411	Meals & Entertainment	-	-	318	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	05413	Transportation	-	-	1,390	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	05414	Lodging	-	-	602	612	N/A	N/A	102%
9120	Sales - Demonstrating and Selling Expenses	05417	Club Dues - Deductible	-	266	-	-	N/A	0%	N/A
9120	Sales - Demonstrating and Selling Expenses	05419	Misc Employee Expense	-	-	2	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	05420	Employee Development	-	-	1,785	-	N/A	N/A	0%
9120	Sales - Demonstrating and Selling Expenses	07510	Association Dues	-	-	-	-	N/A	N/A	N/A
9130	Sales - Advertising Expenses	04040	Community Rel&Trade Shows	-	-	1,000	-	N/A	N/A	0%
9130	Sales - Advertising Expenses	04044	Advertising	281	132	1,065	13,177	47%	805%	1237%
9130	Sales - Advertising Expenses	04046	Cust Relations & Assist	-	120	-	-	N/A	0%	N/A
9130	Sales - Advertising Expenses	07590	Misc General Expense	-	1,700	687	-	N/A	40%	0%
9160	Sales - Miscellaneous Sales Expenses	04021	Promo Other,Misc	-	146	43	8	N/A	30%	18%
9160	Sales - Miscellaneous Sales Expenses	04040	Community Rel&Trade Shows	110	83	-	-	75%	0%	N/A
9160	Sales - Miscellaneous Sales Expenses	04046	Cust Relations & Assist	114	29	-	-	25%	0%	N/A
9160	Sales - Miscellaneous Sales Expenses	05010	Office Supplies	-	85	-	-	N/A	0%	N/A
9160	Sales - Miscellaneous Sales Expenses	05411	Meals & Entertainment	315	198	-	-	83%	0%	N/A
9160	Sales - Miscellaneous Sales Expenses	07443	Uniforms	-	69	-	37	N/A	0%	N/A

Atmos Energy Corp.  
 Case No. 2009-00354  
 Comparison of Expense Account Balances  
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 CY06-CY08, Jan09-Aug09  
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Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period CY 09	CY07 vs CY06 YOY % Change	CY08 vs CY07 YOY % Change	CY09 vs CY08 YOY % Change
9160	Sales - Miscellaneous Sales Expenses	07444	Uniforms Capitalized	-	(15)	-	(13)	N/A	0%	N/A
9210	A&G - Office Supplies and Expenses	02005	Non-Inventory Supplies	-	63	-	-	N/A	0%	N/A
9210	A&G - Office Supplies and Expenses	04001	Safety Newspaper	513	-	-	-	0%	N/A	N/A
9210	A&G - Office Supplies and Expenses	04048	Cust Relations & Assist	-	-	13,121	2,995	N/A	N/A	23%
9210	A&G - Office Supplies and Expenses	04070	Insurance	1,284	2,430	2,180	174	189%	90%	8%
9210	A&G - Office Supplies and Expenses	05010	Office Supplies	-	-	411	201	N/A	N/A	49%
9210	A&G - Office Supplies and Expenses	05411	Meals & Entertainment	-	-	114	-	N/A	N/A	0%
9210	A&G - Office Supplies and Expenses	05419	Misc Employee Expense	-	60	-	-	N/A	0%	N/A
9210	A&G - Office Supplies and Expenses	06111	Contract Labor	-	73	-	-	N/A	0%	N/A
9210	A&G - Office Supplies and Expenses	07119	Insurance - D&O	451	-	-	-	0%	N/A	N/A
9210	A&G - Office Supplies and Expenses	07499	Misc Employee Welfare Exp	8,570	-	-	-	0%	N/A	N/A
9210	A&G - Office Supplies and Expenses	07590	Misc General Expense	(10,500)	-	60	-	0%	N/A	0%
9210	A&G - Office Supplies and Expenses	07592	Vendor Comp Sales Tax	(2,406)	(13,424)	(16,500)	(13,143)	558%	123%	80%
9220	A&G - Administrative Expenses Transferred - Credit	09341	Admin & General Expenses	1,148,686	3,659,126	4,370,033	4,118,990	319%	119%	94%
9220	A&G - Administrative Expenses Transferred - Credit	41101	Billed from Accounting	406,460	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41103	Billed from Cust Service Center	1,349,190	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41105	Billed from Gas Control	-	12,825	-	-	N/A	0%	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41106	Billed from Govt Affairs	26,751	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41107	Billed from HR	192,528	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41108	Billed from HR Other	550,988	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41109	Billed from IT	567,153	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41111	Billed from Pipeline Gas Control	135,342	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41112	Billed from Investor Relations	138,287	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41113	Billed from Legal	118,825	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41114	Billed from Corp Secretary	131,610	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41115	Billed from Planning & Budget	33,238	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41116	Billed from Rates	72,537	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41117	Billed from Purchasing	52,441	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41119	Billed from Treasury	168,638	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41120	Billed from Risk Mgmt	225,984	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41121	Billed from Management Committee	514,461	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41123	Billing for Overhead Capitalized	(1,164,360)	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41125	Billed from Customer Service Initiative	741	-	-	-	0%	N/A	N/A
9220	A&G - Administrative Expenses Transferred - Credit	41131	Billing for CSC O&M	423,620	1,726,697	1,742,930	4,198,468	408%	101%	241%
9220	A&G - Administrative Expenses Transferred - Credit	41132	Billing for SS O&M	862,880	3,564,306	4,139,951	2,004,801	413%	116%	48%
9230	A&G - Outside Services Employed	04146	Public Relations	17,699	-	-	-	0%	N/A	N/A
9230	A&G - Outside Services Employed	05111	Postage/Delivery Services	-	-	-	30	N/A	N/A	N/A
9230	A&G - Outside Services Employed	05490	Gas Supplies Services	239,551	-	81,263	74,321	0%	N/A	91%
9230	A&G - Outside Services Employed	06111	Contract Labor	2,925	-	25,650	60,462	0%	N/A	236%
9230	A&G - Outside Services Employed	06121	Legal	62,889	91,216	90,910	98,142	145%	100%	106%
9230	A&G - Outside Services Employed	07499	Misc Employee Welfare Exp	-	-	48	-	N/A	N/A	0%
9240	A&G - Property Insurance	04069	Blueflame Property Insurance	463,108	296,279	306,522	341,017	64%	103%	111%
9240	A&G - Property Insurance	04070	Insurance	39,118	-	-	-	0%	N/A	N/A
9240	A&G - Property Insurance	04072	Insurance Capitalized	(169,533)	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	01201	Benefits Variance	(29,771)	124,444	-	-	-418%	0%	N/A
9250	A&G - Injuries and Damages	01221	Worker's Comp Insurance	77,130	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	01290	Benefit Load Projects	1,274	2,028	315	147	159%	16%	47%
9250	A&G - Injuries and Damages	02005	Non-Inventory Supplies	25	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	04070	Insurance	2,351	-	100	559	0%	N/A	559%
9250	A&G - Injuries and Damages	05418	Settlement	-	27,515	23,035	2,342	N/A	84%	10%
9250	A&G - Injuries and Damages	07111	Damages	-	4,995	-	-	N/A	0%	N/A
9250	A&G - Injuries and Damages	07115	Insurance Reserve	(105,295)	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	07120	Environmental & Safety	8,234	4,292	4,510	1,352	69%	105%	30%
9250	A&G - Injuries and Damages	07443	Uniforms	88	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	07444	Uniforms Capitalized	(37)	-	-	-	0%	N/A	N/A
9250	A&G - Injuries and Damages	07499	Misc Employee Welfare Exp	801	803	4,796	2,570	113%	531%	54%
9250	A&G - Injuries and Damages	07590	Misc General Expense	34	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	01200	Benefits Load	2,113,886	2,015,178	2,151,255	2,217,683	95%	107%	103%
9260	A&G - Employee Pensions and Benefits	01201	Benefits Variance	47,318	118,558	-	-	251%	0%	N/A
9260	A&G - Employee Pensions and Benefits	01290	Benefit Load Projects	15,224	23,551	3,833	1,975	155%	16%	52%
9260	A&G - Employee Pensions and Benefits	02005	Non-Inventory Supplies	45	221	624	251	467%	262%	40%
9260	A&G - Employee Pensions and Benefits	04048	Cust Relations & Assist	-	-	72	-	N/A	N/A	0%
9260	A&G - Employee Pensions and Benefits	04146	Public Relations	24	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	04302	Heavy Equipment	-	-	54	-	N/A	N/A	0%
9260	A&G - Employee Pensions and Benefits	04307	Heavy Equipment Capitalized	-	-	(46)	-	N/A	N/A	0%
9260	A&G - Employee Pensions and Benefits	04582	Building Maintenance	-	-	658	239	N/A	N/A	36%
9260	A&G - Employee Pensions and Benefits	05111	Postage/Delivery Services	352	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	05411	Meals & Entertainment	-	30	-	1,604	N/A	0%	N/A
9260	A&G - Employee Pensions and Benefits	05413	Transportation	458	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	05414	Lodging	174	-	-	1,224	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	05419	Misc Employee Expense	-	75	-	-	N/A	0%	N/A



Atmos Energy Corp.  
 Case No. 2009-00354  
 Comparison of Expense Account Balances  
 Item 1-29 Part B  
 CY06-CY08, Jan09-Aug09  
 KY - Div 009

Acct	Account Description	Sub	Sub Account Description	CY 2006	CY 2007	CY 2008	Base Period CY 09	CY07 vs CY06 YOY % Change	CY08 vs CY07 YOY % Change	CY09 vs CY08 YOY % Change
9260	A&G - Employee Pensions and Benefits	05421	Training	-	495	-	-	N/A	0%	N/A
9260	A&G - Employee Pensions and Benefits	06111	Contract Labor	-	-	140	11,857	N/A	N/A	8469%
9260	A&G - Employee Pensions and Benefits	07421	Service Awards	64,196	1,490	-	-	2%	0%	N/A
9260	A&G - Employee Pensions and Benefits	07443	Uniforms	61,145	70,374	67,247	47,918	115%	96%	71%
9260	A&G - Employee Pensions and Benefits	07444	Uniforms Capitalized	(29,985)	(33,743)	(30,627)	(23,281)	113%	91%	76%
9260	A&G - Employee Pensions and Benefits	07447	Education Assistance Program	-	-	75	50	N/A	N/A	66%
9260	A&G - Employee Pensions and Benefits	07450	Capitalized Restricted Stock	(71,404)	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07451	Restricted Stock	103,040	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07452	Variable Pay & Mgmt Incentive Plans	282,931	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07454	VPP & MIP - Capital Credit	(175,668)	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07455	Stock options	7,008	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07489	NQ Retirement Cost	80,500	-	-	-	0%	N/A	N/A
9260	A&G - Employee Pensions and Benefits	07499	Misc Employee Welfare Exp	80,594	60,212	69,284	58,575	75%	115%	82%
9260	A&G - Employee Pensions and Benefits	07590	Misc General Expense	697	-	85	3	0%	N/A	4%
9270	A&G - Franchise Requirements	04044	Advertising	-	808	109	1,513	N/A	14%	1382%
9270	A&G - Franchise Requirements	07590	Misc General Expense	149,807	124,476	149,180	148,437	83%	120%	100%
9280	A&G - Regulatory Commission Expenses	07590	Misc General Expense	-	18,112	-	41,781	N/A	0%	N/A
9302	A&G - Miscellaneous General Expense	02005	Non-Inventory Supplies	-	58	-	110	N/A	0%	N/A
9302	A&G - Miscellaneous General Expense	03003	Capitalized transportation costs	(373)	(1,947)	-	-	522%	0%	N/A
9302	A&G - Miscellaneous General Expense	03004	Vehicle Expense	705	3,609	-	-	512%	0%	N/A
9302	A&G - Miscellaneous General Expense	04021	Promo Other,Misc	85	380	-	-	445%	0%	N/A
9302	A&G - Miscellaneous General Expense	04040	Community Rel&Trade Shows	-	333	-	-	N/A	0%	N/A
9302	A&G - Miscellaneous General Expense	04148	Public Relations	253	482	760	-	185%	154%	0%
9302	A&G - Miscellaneous General Expense	05413	Transportation	-	758	-	-	N/A	0%	N/A
9302	A&G - Miscellaneous General Expense	05415	Membership Fees	495	100	-	-	20%	0%	N/A
9302	A&G - Miscellaneous General Expense	05419	Misc Employee Expense	-	-	-	40	N/A	N/A	N/A
9302	A&G - Miscellaneous General Expense	06111	Contract Labor	-	-	4,875	4,571	N/A	N/A	94%
9302	A&G - Miscellaneous General Expense	07510	Association Dues	62,088	43,547	51,184	48,621	70%	118%	95%
9302	A&G - Miscellaneous General Expense	07520	Donations	5,195	-	-	-	0%	N/A	N/A
9302	A&G - Miscellaneous General Expense	07590	Misc General Expense	4,255	15	-	30	0%	0%	N/A
9310	A&G - Rents	07592	Vendor Comp Sales Tax	-	-	(1,500)	-	N/A	N/A	0%
9320	A&G - Maintenance of General Plant	04201	Software Maintenance	33,474	-	-	-	0%	N/A	N/A
9320	A&G - Maintenance of General Plant	07510	Association Dues	200	-	-	-	0%	N/A	N/A
				<u>19,841,639</u>	<u>21,722,993</u>	<u>22,987,369</u>	<u>22,804,942</u>	109%	106%	99%



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-30  
Page 1 of 1

REQUEST:

Provide a schedule of gas operations net income, per Mcf sold, per company books for the base period and the three calendar years preceding the base period. This data should be provided as shown in Schedule 30.

RESPONSE:

Please see Attachment 1 for the requested information.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Gas Operations Net Income per Mcf Sold, 1 Page.

Respondents: Daniel Meziere, Greg Waller and Gary Smith

Atmos Energy Corp.  
Case No. 2009-00354  
Net Income per MCF Sold  
Item 1-30  
For Calendar Years 2006, 2007, 2008 and Base Period 2009

Line No.		CY 2006	CY 2007	CY 2008	Base Period
1	<u>Operating Income</u>				
2	Total Operating Revenues	208,077	203,287	244,308	184,798
3					
4	<u>Operating Income Deductions</u>				
5	Operating and Maintenance Expenses:				
6	Purchased Gas Cost	158,604	150,420	186,800	131,820
7	Gross Profit	49,473	52,867	57,508	52,978
8					
9	<u>Operating Expenses</u>				
10	Production Expenses	-	2	-	
11	Natural Gas Storage, Terminaling and Processing Expense	234	164	195	
12	Transmission Expenses	396	467	422	
13	Distribution Expenses	6,712	5,789	6,232	
14	Customer Accounts Expenses	1,917	1,779	857	
15	Customer Service and Informational Expenses	278	155	219	
16	Sales Expenses	180	214	318	
17	Administrative and General Expenses	9,399	11,951	13,257	
18	Bad Debt Expense	825	1,202	1,487	
19	Total O&M Expenses	19,941	21,723	22,987	22,740
20					
21	Depreciation Expenses	11,757	11,802	11,260	12,589
22	Amortization of Utility Plant Acquisition Adjustment	-	-	50	-
23	Taxes - Other Than Income Taxes	4,445	3,788	3,250	4,032
24	Total Operating Expenses	36,143	37,313	37,547	39,361
25					
26	Operating Income (Loss)	13,330	15,554	19,961	13,617
27					
28	<u>Other Non-Operating Income/Expense</u>				
29	Interest Income	487	474	517	399
30	PBR	1,205	948	2,129	1,623
31	Others Income	756	822	755	165
32	Total Non-Operating Income	2,448	2,244	3,401	2,187
33					
34	Long Term Interest Expenses	5,563	5,334	5,204	
35	Short Term Interest Expenses	1,114	727	774	
36	Donations	280	83	273	
37	Other Non-Operating Expense	437	614	599	
38	Total Non-Operating Expense	7,394	6,758	6,850	6,660
39					
40	Total Other Non-Operating Income/Expense	4,946	4,514	3,449	4,473
41					
42	Income (Loss), Before Income Taxes	8,384	11,040	16,512	9,144
43					
44	<u>Provision (Benefit) for Income Taxes</u>				
45	Current Federal Income Tax	12,218	1,779	(2,991)	
46	Current State Income Tax	1,011	491	(33)	
47	Deferred Federal Income Tax	(9,714)	1,832	6,639	
48	Deferred State Income Tax	(317)	231	970	
50	Total Provision (Benefit) for Inc Tax	3,198	4,333	4,585	3,557
51					
52	<b>Income Statement - Net Income (Loss)</b>	<b>5,186</b>	<b>6,707</b>	<b>11,927</b>	<b>5,587</b>
53	Mcf Sold	16,982	18,130	18,839	17,061



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-31  
Page 1 of 1

REQUEST:

Provide the comparative operating statistics for gas operations as shown in Schedule 31.

RESPONSE:

Please see Attachment 1 for the requested information.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Comparative Operating Statistics, 1 Page.

Respondent: Daniel Meziere

Atmos Energy Corporation  
Case No. 2009-00354  
Comparative Operating Statistics - Gas Operations  
For the Calendar Years 06 through 08

Schedule 31, Page 1 of 1

KY - Division 009

Line No.	Item (a)	Three Most Recent Calendar Years					
		CY 2008		CY 2007		CY 2006	
		Cost (b)	% Inc. (c)	Cost (d)	% Inc. (e)	Cost (f)	% Inc. (g)
1	Cost per MCF of Purchased Gas	8.92	15.99%	7.69	-1.16%	7.78	
2	Cost of Propane Gas per MCF Equivalent for Peak Shaving						
3	Cost per MCF of Gas Sold	11.62	25.22%	9.28	-0.22%	9.30	
4	Maintenance Cost per Transmission Mile	1,535.66	-5.31%	1,621.71	-13.20%	1,868.41	
5	Maintenance Cost per Distribution Mile	104.24	-6.31%	111.26	-15.12%	131.09	
6	Sales Promotion Expense per Customer	1.84	48.82%	1.24	18.86%	1.04	
7	Administration and General Expense per Customer	132.92	6.07%	125.31	8.84%	115.13	
8	Wages and Salaries – Charged Expense – per Average Employee	26,777.03	7.41%	24,929.69	5.25%	23,686.45	
9	Depreciation Expense:	10,017,683.00	-5.05%	10,549,982.00	-1.93%	10,757,199.00	
10	Per \$100 of Average Gross Depreciable Plant in Service	3.24	-8.73%	3.55	-5.59%	3.76	
11	Rents:	254,829.98	23.32%	206,647.79	-50.95%	421,257.91	
12	Per \$100 of Average Gross Plant in Service	0.08	18.37%	0.07	-52.75%	0.15	
13	Property Taxes:	2,194,868.36	-18.57%	2,695,257.52	-29.33%	3,813,988.21	
14	Per \$100 of Average Net Plant in Service	1.30	-20.83%	1.64	-32.11%	2.41	
15	Payroll Taxes:	392,505.82	9.94%	357,031.85	-9.91%	396,317.07	
16	Per Average Employee whose Salary is charged to expense	2,268.82	13.11%	2,005.80	16.91%	1,715.66	
17	Interest Expense:	5,203,619.15		5,333,737.19		5,563,472.12	
18	Per \$100 of Average Debt Outstanding	5.81	-2.24%	5.94	-0.23%	5.95	
19	Per \$100 of Average Plant Investment	1.69	-6.35%	1.80	-7.66%	1.95	
20	Per MCF Sold	0.28	-6.11%	0.29	-10.20%	0.33	
21	Meter Reading Expense per Meter	0.35	0.00%	0.35	0.00%	0.35	





REQUEST:

List separately the budgeted and actual numbers of full- and part-time employees by employee group, by month and by year, for the three most recent calendar years, the base period, and the forecasted test period.

RESPONSE:

Please see Attachment 1 for FY 2006 through FY 2008 headcount for Div 009. The base period and forecasted test period headcount is referenced in Filing Requirement 10(10) G.2.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, FY 2006 Through FY 2008 Headcount Div 009, 2 Pages.

Respondent: Greg Waller

Kentucky Division Employee Count

Fiscal Year 2006						
	Group			Assignment Category		Total Count
	Exempt	Non Exempt	Executive	Full-Time	Part-Time	
October	52	183	1	236	0	236
November	52	184	1	237	0	237
December	52	183	1	236	0	236
January	50	181	1	232	0	232
February	51	182	1	234	0	234
March	52	179	1	232	0	232
April	48	178	1	227	0	227
May	48	176	1	225	0	225
June	49	178	1	228	0	228
July	50	176	1	227	0	227
August	50	176	1	227	0	227
September	50	175	1	226	0	226

**Kentucky Division Employee Count**

<b>Fiscal Year 2007</b>						
	<b>Group</b>			<b>Assignment Category</b>		<b>Total Count</b>
	<b>Exempt</b>	<b>Non Exempt</b>	<b>Executive</b>	<b>Full-Time</b>	<b>Part-Time</b>	
<b>October</b>	29.55	160.66	0	190.21	0	190.21
<b>November</b>	30.72	166.36	0	197.09	0	197.09
<b>December</b>	30.33	166.90	0	197.23	0	197.23
<b>January</b>	29.64	168.37	0	198.01	0	198.01
<b>February</b>	29.31	168.88	0	198.19	0	198.19
<b>March</b>	28.98	173.74	0	202.73	0	202.73
<b>April</b>	29.19	174.11	0	203.30	0	203.30
<b>May</b>	28.76	172.84	0	201.60	0	201.60
<b>June</b>	28.69	173.56	0	202.24	0	202.24
<b>July</b>	28.71	172.45	0	201.17	0	201.17
<b>August</b>	29.32	173.29	0	202.60	0	202.60
<b>September</b>	28.65	172.56	0	201.21	0	201.21
<b>Total</b>	351.87	2,043.72	0	2,395.60	0	2,395.60
<b>Avg</b>	29.00	170.00	0	199.00	0	199.00

<b>Fiscal Year 2008</b>						
	<b>Group</b>			<b>Assignment Category</b>		<b>Total Count</b>
	<b>Exempt</b>	<b>Non Exempt</b>	<b>Executive</b>	<b>Full-Time</b>	<b>Part-Time</b>	
<b>October</b>	29.67	172.78	0	202.45	0	202.45
<b>November</b>	29.53	172.24	0	201.77	0	201.77
<b>December</b>	28.71	171.19	0	199.90	0	199.90
<b>January</b>	28.69	170.18	0	198.87	0	198.87
<b>February</b>	28.67	169.66	0	198.32	0	198.32
<b>March</b>	27.69	168.18	0	195.87	0	195.87
<b>April</b>	27.69	168.52	0	196.21	0	196.21
<b>May</b>	27.69	168.89	0	196.58	0	196.58
<b>June</b>	28.49	168.91	0	197.40	0	197.40
<b>July</b>	28.69	168.21	0	196.90	0	196.90
<b>August</b>	29.13	172.24	0	201.37	0	201.37
<b>September</b>	28.93	171.51	0	200.44	0	200.44
<b>Total</b>	343.58	2,042.50	0	2,386.08	0	2,386.08
<b>Avg</b>	28.00	170.00	0	198.00	0	198.00



Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-33  
Page 1 of 1

REQUEST:

Provide the information requested in Schedule 33 for budgeted and actual regular wages, overtime wages, and total wages by employee group, by month, for the five most recent calendar years. Explain in detail any variance exceeding five percent in any one month.

RESPONSE:

Please see Attachment 1 for the requested information.

The overall variance for FY 08 and FY 09 is 3.3% and 2.1% respectively. However, the monthly variances exceed the 5% threshold due to the manner in which payroll is budgeted compared to actuals. The payroll system reflects a cash basis for each month reported. Twice a year, three pay periods occur within the month while other months have two pay periods consistent with our biweekly payroll process. Our budget reflects accrual based accounting and therefore spreads labor costs evenly across budgeted work days.

ATTACHMENT:

ATTACHMENT - Atmos Energy Corporation, FY 2005 Through FY 2009 Labor, 11 Pages.

Respondent: Greg Waller

Atmos Energy Corporation  
 Case No. 2009-00354  
 Monthly Payroll Variance Analysis - Service Area 009DIV  
 As of September 30, 2005

Data: \_\_\_\_\_ Base Period \_\_\_\_\_ Forecasted Period \_\_\_\_\_  
 Type of Filing: \_\_\_\_\_ Original \_\_\_\_\_ Updated \_\_\_\_\_ Revised \_\_\_\_\_  
 Workpaper Reference No(s): \_\_\_\_\_

Schedule 33  
 Page 1 of 1  
 Witness Responsible  
 G. Waller

Date	Employee Group	Monthly Budget			Monthly Actual			Variance Percent		
		Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total
FY 2005					895,997	47,395	943,392	56.0%	28.2%	54.3%
200410	Hourly	574,234	36,981	611,215	466,733	-	466,733	21.6%		21.6%
	Salaried	383,857	-	383,857	606,287	28,755	635,042	0.8%	-59.3%	-5.5%
200411	Hourly	601,584	70,631	672,215	313,902		313,902	-21.9%		-21.9%
	Salaried	402,138		402,138	609,281	17,353	626,634	-3.1%	-72.1%	-9.3%
200412	Hourly	628,928	62,216	691,144	313,902		313,902	-25.3%		-25.3%
	Salaried	420,420		420,420	617,990	24,894	642,884	7.6%	-60.0%	1.0%
200501	Hourly	574,234	62,216	636,450	311,873		311,873	-18.8%		-18.8%
	Salaried	384,273		384,273	607,929	28,779	636,708	11.2%	-53.7%	4.5%
200502	Hourly	546,898	62,216	609,114	312,954		312,954	-14.5%		-14.5%
	Salaried	365,982		365,982	604,665	13,431	618,096	5.3%	-70.4%	-0.3%
200503	Hourly	574,292	45,394	619,686	307,688		307,688	-26.9%		-26.9%
	Salaried	420,876		420,876	907,915	24,470	932,385	73.2%	-25.3%	67.4%
200504	Hourly	524,349	32,774	557,123	466,093		466,093	19.8%		19.8%
	Salaried	389,101		389,101	605,949	17,757	623,707	10.3%	-56.9%	5.6%
200505	Hourly	549,323	41,186	590,509	313,090		313,090	-23.2%		-23.2%
	Salaried	407,632		407,632	606,962	13,422	620,384	10.5%	-59.0%	6.6%
200506	Hourly	549,323	32,774	582,097	308,553		308,553	-24.3%		-24.3%
	Salaried	407,632		407,632	605,759	11,900	617,659	15.5%	-67.8%	10.0%
200507	Hourly	524,349	36,981	561,330	308,553		308,553	-20.7%		-20.7%
	Salaried	389,101		389,101	594,020	23,870	617,890	3.4%	-27.2%	1.8%
200508	Hourly	574,292	32,774	607,066	304,835		304,835	-28.5%		-28.5%
	Salaried	426,163		426,163	898,609	33,679	932,287	63.6%	-18.2%	57.9%
200509	Hourly	549,323	41,186	590,509	456,864	158	457,022	12.1%		12.1%
	Salaried	407,632		407,632	12,346,401	285,862	12,632,263	6.7%	-48.7%	4.1%
Grand Total		11,575,936	557,329	12,133,265						

\* note there are no management committee members in Service Area 009DIV, so there is no employee group breakout for "executive".

**Budget 2005**

Employee Type	Data												
	Total	Oct 2005	Nov 2005	Dec 2005	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sep 2005
Grade 1	454,101	65,970	69,110	72,255	65,970	62,833	17,619	16,085	16,849	16,849	16,085	17,619	16,849
Grade 2	3,486,047	280,487	293,844	307,200	280,487	267,133	307,200	280,487	293,844	293,844	280,487	307,200	293,844
Grade 3	2,830,986	227,777	238,630	249,473	227,777	216,932	249,473	227,777	238,630	238,630	227,777	249,473	238,630
Grade 4	1,589,852	127,919	134,009	140,102	127,919	121,829	140,102	127,919	134,009	134,009	127,919	140,102	134,009
Grade 5	1,353,298	106,461	111,533	116,604	106,461	101,396	116,604	111,289	116,590	116,590	111,289	121,891	116,590
Grade 6	758,836	61,055	63,964	66,871	61,055	58,148	66,871	61,055	63,964	63,964	61,055	66,871	63,964
Grade 7	951,057	76,521	80,165	83,809	76,521	72,878	83,809	76,521	80,165	80,165	76,521	83,809	80,165
Grade 8	151,775	11,901	12,467	13,034	12,317	11,731	13,490	12,317	12,904	12,904	12,317	13,490	12,904
Overtime - KY	416,426	25,239	58,889	50,474	50,474	50,474	33,652	21,032	29,444	21,032	25,239	21,032	29,444
Overtime - Monthly	16,650	1,388	1,388	1,388	1,388	1,388	1,388	1,388	1,388	1,388	1,388	1,388	1,388
Standby - Monthly	124,240	10,354	10,354	10,354	10,354	10,354	10,354	10,354	10,354	10,354	10,354	10,354	10,354
Grand Total	12,133,268	995,072	1,074,353	#####	#####	975,096	1,040,562	946,224	998,141	989,729	950,431	1,033,229	998,141
Hourly	6,771,134	574,234	601,584	628,928	574,234	546,898	574,292	524,349	549,323	549,323	524,349	574,292	549,323
Salary	4,804,818	383,857	402,138	420,420	384,273	365,982	420,876	389,101	407,632	407,632	389,101	426,163	407,632
Overtime	557,316	36,981	70,631	62,216	62,216	62,216	45,394	32,774	41,186	32,774	36,981	32,774	41,186

Atmos Energy Corporation  
Case No. 2009-00354  
Monthly Payroll Variance Analysis - SA 009DIV  
As of September 30, 2006

Data: \_\_\_\_\_ Base Period \_\_\_\_\_ Forecasted Period  
Type of Filing: \_\_\_\_\_ Original \_\_\_\_\_ Updated \_\_\_\_\_ Revised  
Workpaper Reference No(s): \_\_\_\_\_

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Date	Employee Group	Monthly Budget			Monthly Actual			Variance Percent			
		Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total	
FY 2006											
200510	Hourly	573,312	36,105	609,418	628,162	22,673	650,835	9.6%	-37.2%	6.8%	
	Salaried	341,901	-	341,901	326,469		326,469	-4.5%		-4.5%	
200511	Hourly	600,612	54,127	654,739	625,992	30,618	656,610	4.2%	-43.4%	0.3%	
	Salaried	358,183		358,183	311,840		311,840	-12.9%		-12.9%	
200512	Hourly	600,612	49,622	650,234	633,758	30,822	664,579	5.5%	-37.9%	2.2%	
	Salaried	358,183		358,183	306,467		306,467	-14.4%		-14.4%	
200601	Hourly	600,612	49,622	650,234	606,929	39,386	646,315	1.1%	-20.6%	-0.6%	
	Salaried	358,316		358,316	306,974		306,974	-14.3%		-14.3%	
200602	Hourly	546,012	49,622	595,634	618,753	34,516	653,269	13.3%	-30.4%	9.7%	
	Salaried	325,739		325,739	314,279		314,279	-3.5%		-3.5%	
200603	Hourly	627,910	40,611	668,521	896,820	74,355	971,175	42.8%	83.1%	45.3%	
	Salaried	374,603		374,603	456,891		456,891	22.0%		22.0%	
200604	Hourly	546,012	30,782	576,794	587,997	44,453	632,451	7.7%	44.4%	9.6%	
	Salaried	329,585		329,585	304,324		304,324	-7.7%		-7.7%	
200605	Hourly	627,910	35,287	663,197	588,961	38,871	627,832	-6.2%	10.2%	-5.3%	
	Salaried	375,835		375,835	324,016		324,016	-13.8%		-13.8%	
200606	Hourly	600,612	30,782	631,394	578,064	36,535	614,599	-3.8%	18.7%	-2.7%	
	Salaried	359,494		359,494	327,175		327,175	-9.0%		-9.0%	
200607	Hourly	573,312	33,035	606,347	583,117	33,419	616,536	1.7%	1.2%	1.7%	
	Salaried	343,151		343,151	315,344		315,344	-8.1%		-8.1%	
200608	Hourly	627,910	30,782	658,692	579,978	40,376	620,354	-7.6%	31.2%	-5.8%	
	Salaried	375,835		375,835	300,409		300,409	-20.1%		-20.1%	
200609	Hourly	573,312	35,287	608,599	863,999	65,551	929,550	50.7%	85.8%	52.7%	
	Salaried	343,151		343,151	476,415		476,415	38.8%		38.8%	
Grand Total		11,342,117	475,664	11,817,780	11,863,134	491,575	12,354,708	4.6%	3.3%	4.5%	

\*Note: there are not any Management Committee members in Service Area 009DIV, so there is no employee group breakout for "executive".



**Budget 2006**

Employee Type	Data												
	Total Div 009	Oct 2006	Nov 2006	Dec 2006	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sep 2006
Grade 1	872,424	70,467	73,821	73,821	73,821	67,111	77,175	67,111	77,175	73,821	70,467	77,175	70,467
Grade 2	3,207,971	259,105	271,445	271,445	271,445	246,767	283,780	246,767	283,780	271,445	259,105	283,780	259,105
Grade 3	3,017,741	243,740	255,346	255,346	255,346	232,134	266,955	232,134	266,955	255,346	243,740	266,955	243,740
Grade 4	1,500,346	119,165	124,837	124,837	124,837	113,488	130,512	117,334	134,935	129,068	123,203	134,935	123,203
Grade 5	1,325,347	107,047	112,147	112,147	112,147	101,949	117,244	101,949	117,244	112,147	107,047	117,244	107,047
Grade 6	604,866	48,854	51,181	51,181	51,181	46,529	53,507	46,529	53,507	51,181	48,854	53,507	48,854
Grade 7	767,431	63,216	66,228	66,228	66,228	60,207	69,238	60,207	66,047	63,175	60,302	66,047	60,302
Grade 8	45,984	3,619	3,791	3,791	3,924	3,567	4,103	3,567	4,103	3,924	3,746	4,103	3,746
Overtime - KY	223,022	13,516	31,538	27,033	27,033	27,033	18,022	11,264	15,769	11,264	13,516	11,264	15,769
Overtime - Monthly	196,315	16,359	16,359	16,359	16,359	16,359	16,359	16,359	16,359	16,359	16,359	16,359	16,359
Standby - Monthly	56,341	6,230	6,230	6,230	6,230	6,230	6,230	3,159	3,159	3,159	3,159	3,159	3,159
<b>Grand Total</b>	<b>11,817,789</b>	<b>951,318</b>	<b>1,012,922</b>	<b>1,008,417</b>	<b>1,008,550</b>	<b>921,374</b>	<b>1,043,125</b>	<b>906,380</b>	<b>1,039,032</b>	<b>990,888</b>	<b>949,498</b>	<b>1,034,527</b>	<b>951,750</b>
Hourly	7,098,136	573,312	600,612	600,612	600,612	546,012	627,910	546,012	627,910	600,612	573,312	627,910	573,312
Salary	4,243,975	341,901	358,183	358,183	358,316	325,739	374,603	329,585	375,835	359,494	343,151	375,835	343,151
overtime	475,678	36,105	54,127	49,622	49,622	49,622	40,611	30,782	35,287	30,782	33,035	30,782	35,287

Atmos Energy Corporation  
Case No. 2009-00354  
Monthly Payroll Variance Analysis - SA 009DIV  
As of September 30, 2007

Data: \_\_\_\_\_ Base Period \_\_\_\_\_ Forecasted Period \_\_\_\_\_  
Type of Filing: \_\_\_\_\_ Original \_\_\_\_\_ Updated \_\_\_\_\_ Revised \_\_\_\_\_  
Workpaper Reference No(s): \_\_\_\_\_

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Date	Employee Group	Monthly Budget			Monthly Actual			Variance Percent			
		Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total	
FY 2007											
200610	Hourly	546,775	45,106	591,881	532,739	59,290	592,030	-2.6%	31.4%	0.0%	
	Salaried	224,152	-	224,152	174,739		174,739	-22.0%		-22.0%	
200611	Hourly	546,775	72,322	619,097	552,589	80,676	633,265	1.1%	11.6%	2.3%	
	Salaried	224,152		224,152	184,789		184,789	-17.6%		-17.6%	
200612	Hourly	522,008	65,519	587,527	552,243	68,513	620,756	5.8%	4.6%	5.7%	
	Salaried	213,970		213,970	175,992		175,992	-17.7%		-17.7%	
200701	Hourly	574,727	65,519	640,246	597,002	35,454	632,457	3.9%	-45.9%	-1.2%	
	Salaried	234,337		234,337	170,308		170,308	-27.3%		-27.3%	
200702	Hourly	499,761	65,519	565,280	572,217	43,908	616,125	14.5%	-33.0%	9.0%	
	Salaried	203,777		203,777	174,128		174,128	-14.5%		-14.5%	
200703	Hourly	549,740	51,912	601,651	845,420	58,835	904,255	53.8%	13.3%	50.3%	
	Salaried	224,152		224,152	238,747		238,747	6.5%		6.5%	
200704	Hourly	524,759	41,703	566,462	576,547	35,133	611,679	9.9%	-15.8%	8.0%	
	Salaried	213,970		213,970	193,665		193,665	-9.5%		-9.5%	
200705	Hourly	574,727	48,507	623,234	568,365	32,695	601,060	-1.1%	-32.6%	-3.6%	
	Salaried	234,337		234,337	168,169		168,169	-28.2%		-28.2%	
200706	Hourly	524,759	41,703	566,462	569,917	32,641	602,559	8.6%	-21.7%	6.4%	
	Salaried	213,970		213,970	155,208		155,208	-27.5%		-27.5%	
200707	Hourly	549,740	45,106	594,845	565,275	39,928	605,203	2.8%	-11.5%	1.7%	
	Salaried	224,152		224,152	157,284		157,284	-29.8%		-29.8%	
200708	Hourly	574,727	41,703	616,430	859,584	62,513	922,097	49.6%	49.9%	49.6%	
	Salaried	234,337		234,337	239,169		239,169	2.1%		2.1%	
200709	Hourly	499,761	48,507	548,268	561,468	52,450	613,918	12.3%	8.1%	12.0%	
	Salaried	203,777		203,777	153,826		153,826	-24.5%		-24.5%	
Grand Total		9,137,341	633,124	9,770,464	9,539,392	602,036	10,141,429	4.4%	-4.9%	3.8%	

\*Note: there are not any Management Committee members in Service Area 009DIV, so there is no employee group breakout for "executive".

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**Budget 2007**

Type (Multiple Items)

Employee Type	Data												
	KY Total	KY Oct 2007	KY Nov 2007	KY Dec 2007	KY Jan 2007	KY Feb 2007	KY Mar 2007	KY Apr 2007	KY May 2007	KY Jun 2007	KY Jul 2007	KY Aug 2007	KY Sep 2007
Grade 1	819,777	69,371	69,371	66,215	72,520	63,061	69,371	66,215	72,520	66,215	69,371	72,520	63,061
Grade 12	12,000	1,015	1,015	969	1,062	923	1,015	969	1,062	969	1,015	1,062	923
Grade 2	2,933,892	248,250	248,250	236,970	259,532	225,684	248,250	236,970	259,532	236,970	248,250	259,532	225,684
Grade 3	2,685,323	225,055	225,055	214,832	238,304	207,216	227,938	217,583	238,304	217,583	227,938	238,304	207,216
Grade 4	1,017,676	86,109	86,109	82,200	90,024	78,283	86,109	82,200	90,024	82,200	86,109	90,024	78,283
Grade 5	1,165,786	98,646	98,646	94,163	103,125	89,679	98,646	94,163	103,125	94,163	98,646	103,125	89,679
Grade 6	349,203	29,548	29,548	28,206	30,891	26,861	29,548	28,206	30,891	28,206	29,548	30,891	26,861
Grade 7	104,398	8,834	8,834	8,432	9,235	8,031	8,834	8,432	9,235	8,432	8,834	9,235	8,031
Overtime - KY	336,822	20,414	47,630	40,827	40,827	40,827	27,220	17,011	23,815	17,011	20,414	17,011	23,815
Overtime - Monthly	100,577	8,382	8,382	8,382	8,382	8,382	8,382	8,382	8,382	8,382	8,382	8,382	8,382
Standby - Monthly	195,714	16,310	16,310	16,310	16,310	16,310	16,310	16,310	16,310	16,310	16,310	16,310	16,310
Union	49,245	4,099	4,099	3,991	4,371	3,801	4,181	3,991	4,371	3,991	4,181	4,371	3,801
Grade 9	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Grand Total</b>	<b>9,770,413</b>	<b>816,033</b>	<b>843,249</b>	<b>801,497</b>	<b>874,583</b>	<b>769,057</b>	<b>825,803</b>	<b>780,432</b>	<b>857,571</b>	<b>780,432</b>	<b>818,997</b>	<b>850,767</b>	<b>752,045</b>
Hourly	6,488,237	546,775	546,775	522,008	574,727	499,761	549,740	524,759	574,727	524,759	549,740	574,727	499,761
Salary	2,649,063	224,152	224,152	213,970	234,337	203,777	224,152	213,970	234,337	213,970	224,152	234,337	203,777
Overtime	633,113	45,106	72,322	65,519	65,519	65,519	51,912	41,703	48,507	41,703	45,106	41,703	48,507

Atmos Energy Corporation  
Case No. 2009-00354  
Monthly Payroll Variance Analysis - SA 009DIV  
As of September 30, 2008

Data: \_\_\_\_\_ Base Period \_\_\_\_\_ Forecasted Period  
Type of Filing: \_\_\_\_\_ Original \_\_\_\_\_ Updated \_\_\_\_\_ Revised  
Workpaper Reference No(s): \_\_\_\_\_

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Date	Employee Group	Monthly Budget			Monthly Actual			Variance Percent			
		Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total	
FY 2008											
200710	Hourly	567,164	56,642	623,806	584,996	45,779	630,775	3.1%	-19.2%	1.1%	
	Salaried	232,481	-	232,481	160,496		160,496	-31.0%		-31.0%	
200711	Hourly	542,502	79,255	621,757	580,619	70,606	651,225	7.0%	-10.9%	4.7%	
	Salaried	222,374		222,374	161,236		161,236	-27.5%		-27.5%	
200712	Hourly	517,846	73,601	591,447	577,820	58,639	636,459	11.6%	-20.3%	7.6%	
	Salaried	206,720		206,720	161,036		161,036	-22.1%		-22.1%	
200801	Hourly	567,164	73,601	640,765	577,861	38,233	616,094	1.9%	-48.1%	-3.9%	
	Salaried	226,408		226,408	171,615		171,615	-24.2%		-24.2%	
200802	Hourly	517,846	73,601	591,447	842,949	77,603	920,553	62.8%	5.4%	55.6%	
	Salaried	206,720		206,720	251,546		251,546	21.7%		21.7%	
200803	Hourly	517,846	62,295	580,141	562,219	41,302	603,522	8.6%	-33.7%	4.0%	
	Salaried	206,720		206,720	156,247		156,247	-24.4%		-24.4%	
200804	Hourly	542,502	53,817	596,319	566,316	41,462	607,778	4.4%	-23.0%	1.9%	
	Salaried	216,565		216,565	162,263		162,263	-25.1%		-25.1%	
200805	Hourly	542,502	59,469	601,971	562,789	41,461	604,250	3.7%	-30.3%	0.4%	
	Salaried	216,565		216,565	156,253		156,253	-27.8%		-27.8%	
200806	Hourly	517,906	53,817	571,723	562,050	41,081	603,131	8.5%	-23.7%	5.5%	
	Salaried	206,720		206,720	157,354		157,354	-23.9%		-23.9%	
200807	Hourly	567,230	56,642	623,872	565,316	42,745	608,061	-0.3%	-24.5%	-2.5%	
	Salaried	226,408		226,408	162,259		162,259	-28.3%		-28.3%	
200808	Hourly	517,906	53,817	571,723	853,239	64,856	918,096	64.7%	20.5%	60.6%	
	Salaried	206,720		206,720	247,158		247,158	19.6%		19.6%	
200809	Hourly	542,565	59,469	602,034	569,972	55,264	625,236	5.1%	-7.1%	3.9%	
	Salaried	216,565		216,565	163,862		163,862	-24.3%		-24.3%	
Grand Total		9,051,941	756,026	9,807,967	9,517,472	619,031	10,136,503	5.1%	-18.1%	3.3%	

\*Note: there are not any Management Committee members in Service Area 009DIV, so there is no employee group breakout for "executive".

**Budget 2008**

Type	(Multiple Items)
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Employee Type	Data													
	KY Total	KY Oct 2008	KY Nov 2008	KY Dec 2008	KY Jan 2008	KY Feb 2008	KY Mar 2008	KY Apr 2008	KY May 2008	KY Jun 2008	KY Jul 2008	KY Aug 2008	KY Sep 2008	
Grade 1	944,832	82,939	79,334	75,736	82,939	75,736	75,736	79,334	79,334	75,736	82,939	75,736	79,334	
Grade 2	2,776,630	243,755	233,148	222,553	243,755	222,553	222,553	233,148	233,148	222,553	243,755	222,553	233,148	
Grade 3	2,709,269	237,835	227,499	217,151	237,835	217,151	217,151	227,499	227,499	217,151	237,835	217,151	227,499	
Grade 4	1,051,637	97,349	93,118	83,339	91,276	83,339	83,339	87,309	87,309	83,339	91,276	83,339	87,309	
Grade 5	1,074,812	94,354	90,252	86,151	94,354	86,151	86,151	90,252	90,252	86,151	94,354	86,151	90,252	
Grade 6	351,318	30,842	29,500	28,158	30,842	28,158	28,158	29,500	29,500	28,158	30,842	28,158	29,500	
Grade 7	113,190	9,936	9,504	9,072	9,936	9,072	9,072	9,504	9,504	9,072	9,936	9,072	9,504	
Overtime - KY	279,839	16,960	39,573	33,919	33,919	33,919	22,613	14,135	19,787	14,135	16,960	14,135	19,787	
Overtime - Monthly	275,274	22,940	22,940	22,940	22,940	22,940	22,940	22,940	22,940	22,940	22,940	22,940	22,940	
Standby - Monthly	200,887	16,742	16,742	16,742	16,742	16,742	16,742	16,742	16,742	16,742	16,742	16,742	16,742	
Union	30,263	2,635	2,520	2,406	2,635	2,406	2,406	2,520	2,520	2,466	2,700	2,466	2,584	
<b>Grand Total</b>	<b>9,807,950</b>	<b>856,287</b>	<b>844,130</b>	<b>798,167</b>	<b>867,173</b>	<b>798,167</b>	<b>786,861</b>	<b>812,883</b>	<b>818,535</b>	<b>778,443</b>	<b>850,280</b>	<b>778,443</b>	<b>818,599</b>	

Hourly	6,460,994	567,164	542,502	517,846	567,164	517,846	517,846	542,502	542,502	517,906	567,230	517,906	542,565
Salary	2,590,956	232,481	222,374	206,720	226,408	206,720	206,720	216,565	216,565	206,720	226,408	206,720	216,565
Overtime	756,000	56,642	79,255	73,601	73,601	73,601	62,295	53,817	59,469	53,817	56,642	53,817	59,469

Atmos Energy Corporation  
Case No. 2009-00354  
Monthly Payroll Variance Analysis - SA 009DIV  
As of September 30, 2009

Data: \_\_\_\_\_ Base Period \_\_\_\_\_ Forecasted Period  
Type of Filing: \_\_\_\_\_ Original \_\_\_\_\_ Updated \_\_\_\_\_ Revised  
Workpaper Reference No(s): \_\_\_\_\_

Schedule 33  
Page 1 of 1  
Witness Responsible  
G. Waller

Date	Employee Group	Monthly Budget			Monthly Actual			Variance Percent		
		Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total
<b>FY 2009</b>										
200810	Hourly	588,731	53,319	642,050	590,468	45,284	635,753	0.3%	-15.1%	-1.0%
	Salaried	230,438	-	230,438	166,809		166,809	-27.6%		-27.6%
200811	Hourly	511,940	84,834	596,774	583,405	59,514	642,919	14.0%	-29.8%	7.7%
	Salaried	200,384		200,384	170,707		170,707	-14.8%		-14.8%
200812	Hourly	588,309	76,976	665,285	591,576	51,925	643,500	0.6%	-32.5%	-3.3%
	Salaried	230,438		230,438	171,842		171,842	-25.4%		-25.4%
200901	Hourly	552,696	76,976	629,673	869,883	68,614	938,497	57.4%	-10.9%	49.0%
	Salaried	220,418		220,418	245,654		245,654	11.4%		11.4%
200902	Hourly	500,603	76,976	577,579	572,943	85,226	658,168	14.5%	10.7%	14.0%
	Salaried	200,384		200,384	156,724		156,724	-21.8%		-21.8%
200903	Hourly	554,462	61,265	615,728	577,716	32,694	610,409	4.2%	-46.6%	-0.9%
	Salaried	220,418		220,418	153,104		153,104	-30.5%		-30.5%
200904	Hourly	553,766	49,478	603,245	576,057	39,892	615,949	4.0%	-19.4%	2.1%
	Salaried	220,418		220,418	154,636		154,636	-29.8%		-29.8%
200905	Hourly	528,586	57,335	585,921	589,444	33,274	622,718	11.5%	-42.0%	6.3%
	Salaried	210,402		210,402	161,525		161,525	-23.2%		-23.2%
200906	Hourly	553,830	49,478	603,308	580,937	29,537	610,473	4.9%	-40.3%	1.2%
	Salaried	220,417		220,417	166,581		166,581	-24.4%		-24.4%
200907	Hourly	579,001	53,407	632,408	860,669	44,005	904,674	48.6%	-17.6%	43.1%
	Salaried	230,435		230,435	222,972		222,972	-3.2%		-3.2%
200908	Hourly	528,648	49,478	578,126	565,096	41,767	606,862	6.9%	-15.6%	5.0%
	Salaried	210,402		210,402	152,529		152,529	-27.5%		-27.5%
200909	Hourly	553,832	57,335	611,167	566,550	39,074	605,624	2.3%	-31.8%	-0.9%
	Salaried	220,417		220,417	147,278		147,278	-33.2%		-33.2%
<b>Grand Total</b>		<b>9,209,377</b>	<b>746,859</b>	<b>9,956,236</b>	<b>9,595,104</b>	<b>570,805</b>	<b>10,165,909</b>	<b>4.2%</b>	<b>-23.6%</b>	<b>2.1%</b>

\*Note: there are not any Management Committee members in Service Area 009DIV, so there is no employee group breakout for "executive".

**Budget 2009**

Type (Multiple Items)

Employee Type	Data													
	KY Total	KY Oct FY2009	KY Nov FY2009	KY Dec FY2009	KY Jan FY2009	KY Feb FY2009	KY Mar FY2009	KY Apr FY2009	KY May FY2009	KY Jun FY2009	KY Jul FY2009	KY Aug FY2009	KY Sep FY2009	
Grade 1	1,073,823	94,628	82,289	94,628	90,519	82,289	90,519	90,516	86,403	90,516	94,630	86,403	90,516	
Grade 2	2,856,876	252,013	219,140	251,869	238,878	219,076	240,985	240,985	230,020	240,985	251,936	230,020	240,985	
Grade 3	2,632,265	239,346	208,125	239,068	220,675	196,852	220,334	219,641	209,657	219,641	229,622	209,657	219,641	
Grade 4	1,037,093	91,390	79,472	91,390	87,418	79,472	87,418	87,418	83,446	87,418	91,387	83,446	87,418	
Grade 5	1,097,099	96,678	84,070	96,679	92,473	84,070	92,473	92,473	88,271	92,473	96,678	88,271	92,473	
Grade 6	363,650	32,046	27,865	32,046	30,652	27,865	30,652	30,652	29,259	30,652	32,046	29,259	30,652	
Grade 7	117,151	10,324	8,977	10,323	9,875	8,977	9,875	9,875	9,426	9,874	10,324	9,426	9,874	
Overtime - KY	388,911	23,571	54,998	47,140	47,140	47,140	31,429	19,642	27,499	19,642	23,571	19,642	27,499	
Overtime - Monthly	178,930	14,830	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	
Standby - Monthly	179,016	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	
Union	31,397	2,744	2,386	2,744	2,625	2,386	2,625	2,625	2,506	2,689	2,812	2,568	2,690	
<b>Grand Total</b>	<b>9,956,211</b>	<b>872,488</b>	<b>797,158</b>	<b>895,723</b>	<b>850,091</b>	<b>777,963</b>	<b>836,146</b>	<b>823,663</b>	<b>796,323</b>	<b>823,726</b>	<b>862,842</b>	<b>788,528</b>	<b>831,584</b>	
Hourly	6,594,361	588,731	511,940	588,309	552,696	500,603	554,462	553,766	528,586	553,830	579,001	528,648	553,832	
Salary	2,614,993	230,438	200,384	230,438	220,418	200,384	220,418	220,418	210,402	220,417	230,435	210,402	220,417	
Overtime	746,857	53,319	84,834	76,976	76,976	76,976	61,265	49,478	57,335	49,478	53,407	49,478	57,335	

Kentucky Division Labor Dollars  
Fiscal Years 2007-2009  
DR 33

Employment Category	Fiscal Year	Accounting Month	Group Name	Overtime	Regular	Grand Total	Note
Fulltime-Regular	FY07	Oct-06	Non-exempt	59,290.34	532,739.44	592,029.78	(a)
Fulltime-Regular	FY07	Oct-06	Exempt	-	174,738.66	174,738.66	(a)
Fulltime-Regular	FY07	Nov-06	Non-exempt	80,675.92	552,589.11	633,265.03	(a)
Fulltime-Regular	FY07	Nov-06	Exempt	532.78	184,256.41	184,789.19	(a)
Fulltime-Regular	FY07	Dec-06	Non-exempt	68,512.89	552,243.15	620,756.04	(a)
Fulltime-Regular	FY07	Dec-06	Exempt	-	175,991.75	175,991.75	(a)
Fulltime-Regular	FY07	Jan-07	Non-exempt	35,454.40	597,002.40	632,456.80	(a)
Fulltime-Regular	FY07	Jan-07	Exempt	186.84	170,121.65	170,308.49	(a)
Fulltime-Regular	FY07	Feb-07	Non-exempt	43,907.94	572,217.40	616,125.34	(a)
Fulltime-Regular	FY07	Feb-07	Exempt	-	174,128.23	174,128.23	(a)
Fulltime-Regular	FY07	Mar-07	Non-exempt	58,835.29	845,419.87	904,255.16	(a)
Fulltime-Regular	FY07	Mar-07	Exempt	-	238,747.06	238,747.06	(a)
Fulltime-Regular	FY07	Apr-07	Non-exempt	35,132.66	576,546.77	611,679.43	(a)
Fulltime-Regular	FY07	Apr-07	Exempt	-	193,665.31	193,665.31	(a)
Fulltime-Regular	FY07	May-07	Non-exempt	32,694.87	568,364.91	601,059.78	(a)
Fulltime-Regular	FY07	May-07	Exempt	-	168,168.80	168,168.80	(a)
Fulltime-Regular	FY07	Jun-07	Non-exempt	32,641.32	569,917.33	602,558.65	(a)
Fulltime-Regular	FY07	Jun-07	Exempt	-	155,208.39	155,208.39	(a)
Fulltime-Regular	FY07	Jul-07	Non-exempt	39,927.89	565,275.10	605,202.99	(a)
Fulltime-Regular	FY07	Jul-07	Exempt	-	157,284.36	157,284.36	(a)
Fulltime-Regular	FY07	Aug-07	Non-exempt	62,512.86	859,584.16	922,097.04	(a)
Fulltime-Regular	FY07	Aug-07	Exempt	-	239,168.77	239,168.77	(a)
Fulltime-Regular	FY07	Sep-07	Non-exempt	52,450.11	561,467.67	613,917.78	(a)
Fulltime-Regular	FY07	Sep-07	Exempt	-	153,825.75	153,825.75	(a)
				<u>602,756.11</u>	<u>9,538,672.47</u>	<u>10,141,428.58</u>	(a)
Fulltime-Regular	FY08	Oct-07	Non-exempt	45,778.89	584,996.35	630,775.24	(a)
Fulltime-Regular	FY08	Oct-07	Exempt	-	160,495.73	160,495.73	(a)
Fulltime-Regular	FY08	Nov-07	Non-exempt	70,605.98	580,618.56	651,224.54	(a)
Fulltime-Regular	FY08	Nov-07	Exempt	-	161,236.38	161,236.38	(a)
Fulltime-Regular	FY08	Dec-07	Non-exempt	58,638.77	577,820.10	636,458.87	(a)
Fulltime-Regular	FY08	Dec-07	Exempt	-	161,035.60	161,035.60	(a)
Fulltime-Regular	FY08	Jan-08	Non-exempt	38,232.57	577,861.48	616,094.05	(a)
Fulltime-Regular	FY08	Jan-08	Exempt	-	171,614.62	171,614.62	(a)
Fulltime-Regular	FY08	Feb-08	Non-exempt	77,603.29	842,949.25	920,552.54	(a)
Fulltime-Regular	FY08	Feb-08	Exempt	-	251,546.10	251,546.10	(a)
Fulltime-Regular	FY08	Mar-08	Non-exempt	41,302.13	562,219.47	603,521.60	(a)
Fulltime-Regular	FY08	Mar-08	Exempt	-	156,247.01	156,247.01	(a)
Fulltime-Regular	FY08	Apr-08	Non-exempt	41,462.07	566,316.03	607,778.10	(a)
Fulltime-Regular	FY08	Apr-08	Exempt	-	162,263.29	162,263.29	(a)
Fulltime-Regular	FY08	May-08	Non-exempt	41,460.97	562,788.64	604,249.61	(a)
Fulltime-Regular	FY08	May-08	Exempt	-	156,253.20	156,253.20	(a)
Fulltime-Regular	FY08	Jun-08	Non-exempt	41,080.82	562,050.40	603,131.22	(a)
Fulltime-Regular	FY08	Jun-08	Exempt	-	157,354.48	157,354.48	(a)
Fulltime-Regular	FY08	Jul-08	Non-exempt	42,744.79	565,316.19	608,060.98	(a)
Fulltime-Regular	FY08	Jul-08	Exempt	-	162,258.86	162,258.86	(a)
Fulltime-Regular	FY08	Aug-08	Non-exempt	64,856.44	853,239.16	918,095.60	(a)
Fulltime-Regular	FY08	Aug-08	Exempt	-	247,157.90	247,157.90	(a)
Fulltime-Regular	FY08	Sep-08	Non-exempt	55,263.90	569,971.84	625,235.74	(a)
Fulltime-Regular	FY08	Sep-08	Exempt	-	163,861.64	163,861.64	(a)
				<u>619,030.62</u>	<u>9,517,472.28</u>	<u>10,136,502.90</u>	(a)
Fulltime-Regular	FY09	Oct-08	Non-exempt	45,284.06	590,468.47	635,752.53	(a)
Fulltime-Regular	FY09	Oct-08	Exempt	-	166,808.96	166,808.96	(a)
Fulltime-Regular	FY09	Nov-08	Non-exempt	59,514.01	583,405.29	642,919.30	(a)
Fulltime-Regular	FY09	Nov-08	Exempt	-	170,706.98	170,706.98	(a)
Fulltime-Regular	FY09	Dec-08	Non-exempt	51,924.83	591,575.58	643,500.41	(a)
Fulltime-Regular	FY09	Dec-08	Exempt	-	171,842.13	171,842.13	(a)
Fulltime-Regular	FY09	Jan-09	Non-exempt	68,614.18	869,882.82	938,497.00	(a)
Fulltime-Regular	FY09	Jan-09	Exempt	-	245,653.77	245,653.77	(a)
Fulltime-Regular	FY09	Feb-09	Non-exempt	85,225.73	572,942.70	658,168.43	(a)
Fulltime-Regular	FY09	Feb-09	Exempt	-	156,723.97	156,723.97	(a)
Fulltime-Regular	FY09	Mar-09	Non-exempt	32,693.76	577,715.73	610,409.49	(a)
Fulltime-Regular	FY09	Mar-09	Exempt	-	153,103.52	153,103.52	(a)
Fulltime-Regular	FY09	Apr-09	Non-exempt	39,892.42	576,057.08	615,949.50	(a)
Fulltime-Regular	FY09	Apr-09	Exempt	-	154,635.51	154,635.51	(a)
Fulltime-Regular	FY09	May-09	Non-exempt	33,273.52	589,444.21	622,717.73	(a)
Fulltime-Regular	FY09	May-09	Exempt	-	161,525.39	161,525.39	(a)
Fulltime-Regular	FY09	Jun-09	Non-exempt	29,536.73	580,936.55	610,473.28	(a)
Fulltime-Regular	FY09	Jun-09	Exempt	-	166,580.92	166,580.92	(a)
Fulltime-Regular	FY09	Jul-09	Non-exempt	44,004.58	860,669.29	904,673.87	(a)
Fulltime-Regular	FY09	Jul-09	Exempt	-	222,972.33	222,972.33	(a)
Fulltime-Regular	FY09	Aug-09	Non-exempt	41,766.82	565,095.59	606,862.41	(a)
Fulltime-Regular	FY09	Aug-09	Exempt	-	152,529.49	152,529.49	(a)
Fulltime-Regular	FY09	Sep-09	Non-exempt	39,074.37	566,549.54	605,623.91	(a)
Fulltime-Regular	FY09	Sep-09	Exempt	-	147,277.87	147,277.87	(a)
				<u>570,805.01</u>	<u>9,595,103.69</u>	<u>10,166,908.70</u>	(a)
<b>Grand Total</b>				<u><b>1,792,691.74</b></u>	<u><b>28,651,248.44</b></u>	<u><b>30,443,940.18</b></u>	





REQUEST:

Provide a copy of all wage, compensation, and employee benefits studies, analyses, or surveys conducted since Atmos-Kentucky's last rate case or that are currently utilized by Atmos-Kentucky.

RESPONSE:

The employee compensation component of Total Rewards was implemented effective October 1, 1998. The compensation component was designed to be fluid and adaptable to change without the necessity of periodic formalized studies. However, Atmos does participate in various compensation surveys. These compensation surveys are conducted by third parties on an annual basis and report on various compensation elements (base pay, short & long term incentive, etc). These survey reports are from general industry as well as the natural gas industry. Currently Atmos participates in approximately 12 compensation surveys. Atmos has not performed or procured any plan or enterprise level compensation studies during the last five years. The only evaluations or analyses performed have been for individual job analysis or creation. New and reevaluated jobs are market priced and an annual merit budget is recommended each year to Atmos' Management Committee for consideration.

Please see Attachment 1 for the 2009 Atmos Energy Total Rewards Guide. Please see Attachment 2 for the 2008 Valuation Report.

Also, please see Attachment 1 to the Company's response to Staff DR 1-39 for a copy of Atmos' Group Medical Plan.

ATTACHMENTS:

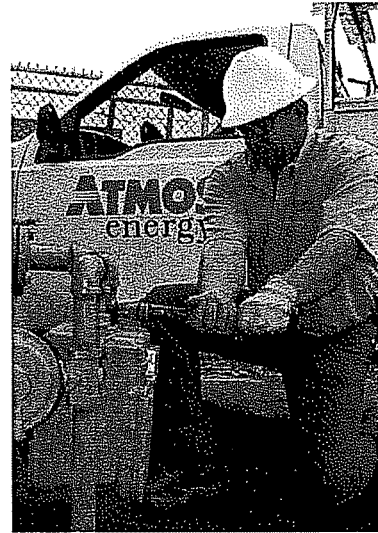
ATTACHMENT 1 - Atmos Energy Corporation, 2009 Atmos Energy Total Rewards Guide, 71 Pages.

ATTACHMENT 2 - Atmos Energy Corporation, 2008 Valuation Report, 38 Pages.

Respondent: Greg Waller



## *2009 Total Rewards Guide*



## **Introduction**

The purpose of this book is to help you understand Atmos Energy Corporation's Total Rewards Program. While this summary includes many of the facts about the Company's plans, it does not attempt to describe all provisions or limitations. In case of any questions, the official plan or policy document, as interpreted by the Company, remains the final authority.

The Company reserves the right to amend, suspend, or terminate these programs, in whole or in part, from time to time at its sole discretion.

## Why Total Rewards?

- *To equip, challenge and reward our team to pursue our Vision*
  - To be one of the largest providers of gas distribution and related services.  
We will be recognized
    - For excellent customer service
    - As an employer of choice
    - For achieving superior financial results
  
- *To execute our Strategy*
  - Deliver superior shareholder value
  - Improve the quality and consistency of earnings growth
  - Enhance and strengthen a culture built on our Values
  
- *To closely link to our Values*
  - Teamwork
  - Trust
  - Respect
  - Customer Service
  - Safety and Reliability
  - Honesty & Integrity
  - Value Creation
  - Enterprise Thinking

# The Deal Between Atmos and Its Employees

## The Company will . . .

- Provide a safe environment, adequate resources and capable leadership
- Communicate openly about the Company's direction, the rationale for decisions, and how employees can make a difference
- Encourage and recognize prudent risk-taking, support testing new ideas and methods
- Support employee development through training, coaching and developmental opportunities
- Empower employees to make decisions within their capability
- Treat employees with respect, honesty and integrity, and
- Provide recognition and rewards based on contributions — a share in the success employees help bring about

## Employees are expected to be . . .

- Flexible and responsive to change
- Reliable and productive in executing their job effectively
- Innovative, looking for better ways to do things, to solve problems
- Committed to their own growth and development
- Actively seeking to provide superior service to both internal and external customers
- Engaged, proactive and to act as leaders
- Focused on and contributing to results



## Values

### **Teamwork**

We are committed to providing our employees a safe, stable work environment in which ideas can be shared openly and honestly. We listen to our teammates concerns, assume innocence in their actions and coach, support and share with them in order to achieve results. We strive to "Be Here Now" and show appreciation for each other.

### **Trust**

We believe that trust is essential to our success. We are open and honest in our communications with each other and those that we serve. We seek and accept different points of view when making decisions. We are committed to the goals of the organization.

### **Respect**

We recognize and appreciate the uniqueness of each employee. We value the experience, culture, traditions, thoughts and ideas represented. We build upon a foundation of different perspectives to create opportunities for learning and growth for ourselves, our customers and our communities.

### **Customer Service**

Our customers are the reason we're in business and we are determined to serve them exceptionally well. We will select employees to join our team based on their ability to deliver excellent customer service.

When we become aware of a customer issue or concern, we will own it until it is resolved. Providing superior customer service is paramount and we are passionate about it.

### **Safety and Reliability**

We are accountable to help one another work safely. We are committed to the health and safety of our employees, customers and communities. We take responsibility for protecting and preserving the environment.

### **Honesty and Integrity**

We are honest and ethical in our dealings with others and maintain the highest standards of conduct. We strive to always be aware of the shadow we cast.

### **Value Creation**

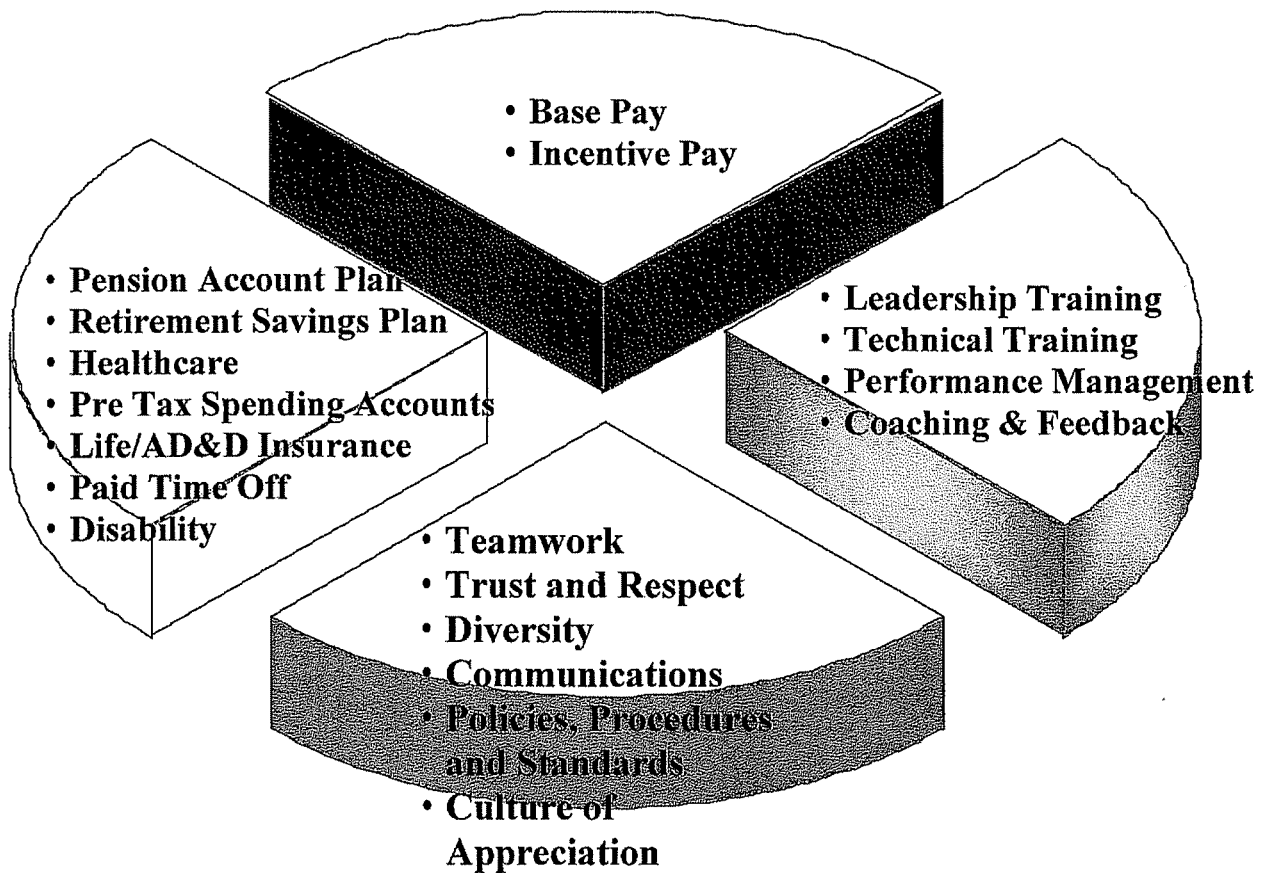
We look for "outside the box" ways to create value. We embrace changes that enable us to create value and we take ownership and accept accountability for achieving our goals. We challenge the status quo and set stretch goals for individuals and the enterprise.

Being creative and innovative in improving our company is expected and encouraged. We act with a sense of urgency and place emphasis on the blue chips.

### **Enterprise Thinking**

We balance individual needs with the needs of the enterprise. We make individual sacrifices for the good of the bigger team. We ask ourselves "How big of a team am I willing to play on?" We are diligent in identifying possible problems and resolutions and in being accountable for them, even if they are not in our individual job description or area of responsibility.

## What Total Rewards Includes:





# Rewards that promote value creation

## Pay

### *Thoughts on Pay*

You have the opportunity to share in the Company's success through competitive base and incentive pay programs. Our philosophy: reward talented, motivated employees who take an active role in helping our organization grow and contribute to our success.

As a starting point, the base pay program provides pay ranges that are competitive with the job market. It rewards each person's individual effort and contribution to Atmos Energy's success. And it offers the flexibility to reward top performance, skill development and growth.

Our incentive pay programs are designed to link directly to our business strategy and to reward teams for meeting and exceeding goals that ensure our continued success at Atmos Energy.

## Rewards are clearly aligned with the Company's vision and strategy

### Your Pay Opportunities at Atmos Energy

Atmos Energy's Base Pay Program is designed to be flexible and responsive to the organizational growth and changes we have experienced and fully expect to continue to enjoy in the coming years.

The pay program looks externally at jobs and is driven by what the "market" -- other companies -- pay for a job skill. It provides base pay opportunities within a specific, competitive market range based on performance, experience, skills and responsibilities.

### More Flexibility

"Market pricing" is determined using well-known, national surveys containing information on "benchmark" jobs. The surveys used for our program consider companies similar to Atmos Energy in overall size in the gas industry as well as in general industry.

The Base Pay Program is comprised of eight broad pay grades.

Why broad pay grades?

- Reflect broader, fluid jobs and roles;
- Provide a flexible means to pay employees according to their responsibilities, skills, experience and performance; and
- Allow us to respond quickly to changes in our industry.

## Broad Pay Grades

Nine pay grades have been established for the Base Pay Program. Each job in the Company is assigned to one of the nine grades based on market pricing data -- information taken from the surveys.

Each pay grade is divided into three segments -- *Entry Pay*, *Target Pay* and *Value Pay*.

Each segment gives managers flexibility in establishing individual pay levels based on skills, experience, responsibilities and performance.

Pay Ranges are updated at the beginning of each fiscal year on October 1st. Any changes to the pay ranges are based upon market data. The following chart lists the pay segments for each of the nine pay grades.

Grade	Target Pay				
	Entry Pay	Mid Point	Value Pay		
9	\$125,190	\$149,480	\$186,850	\$224,220	\$248,210
8	\$100,150	\$119,580	\$149,480	\$179,380	\$198,810
7	\$80,090	\$95,630	\$119,540	\$143,450	\$158,990
6	\$63,780	\$76,160	\$95,200	\$114,240	\$126,620
5	\$50,870	\$60,740	\$75,920	\$91,100	\$100,970
4	\$40,620	\$48,500	\$60,630	\$72,760	\$80,640
3	\$32,760	\$39,110	\$48,890	\$58,670	\$65,020
2	\$26,120	\$31,190	\$38,990	\$46,790	\$51,860
1	\$21,000	\$25,070	\$31,340	\$37,610	\$41,680

*Entry Pay* is the first segment in the pay grade.

- Represents competitive pay for employees with minimum qualifications, but not yet fully experienced or capable, and
- Typically includes recently hired or promoted employees still learning a job.

*Target Pay* is the second segment in the pay grade.

- Represents competitive pay for employees who consistently meet or exceed job requirements, and
- Majority of employees are paid in this segment of the range.

*Value Pay* is the third and final segment in the pay grade.

- Represents competitive pay for employees with significant experience and consistently high levels of performance, and
- Typically includes employees who make a unique contribution to results, and/or are experienced or outstanding in jobs for which the market pays a premium.

Movement from the Target Pay to the Value Pay segment is intended only for consistently high performers.

### ***Midpoint***

- Represents the point in the pay grade that is equidistant from the pay grade entry and the pay grade maximum.

### ***Compa-Ratio***

- Compa-ratio is defined as the ratio of the employee's pay to the midpoint of the assigned salary range.
  - For example, if an employee's pay is \$50,000 and the midpoint of the salary range is \$55,000, the employee's compa-ratio is 90.9% ( $\$50,000/\$55,000 = 90.9\%$ ). If the compa-ratio is greater than 100%, the employee's pay is above the midpoint; if it is less than 100%, the employee's pay is below the midpoint.

## **Rewards are flexible and responsive to ongoing change and growth**

### **Pay Events**

What happens to your pay when pay events like a merit increase or promotion take place? Here's a look at several types of base-pay events and guidelines for how they will be handled.

### **Merit Increases**

Atmos Energy uses a common merit increase date where all employees are considered for an annual merit increase at the same time. October 1 (the beginning of Atmos Energy's fiscal year) is the date that supervisors use to determine your annual merit increase. They are provided a merit budget for their cost centers that is based on competitive practice, what's occurring in the business environment and Atmos' ability to pay. When making merit-increase decisions, your supervisor will consider your individual performance, position in grade, skills, experience and contribution.

### **Pay Events**

There are various pay increase opportunities available that will be presented in more depth at a later date.

- Promotions
- Developmental Moves
- Competitive Adjustments
- Internal Equity Adjustments

## **Overtime**

Overtime will be determined based on hours paid within the Company-designated workweek – any consecutive 168-hour period of time and consisting of 7 consecutive 24-hour periods. This begins at 12:01 am Saturday and ends Midnight Friday.

Overtime pay is calculated and paid based on quarter hour increments (15 minutes). For any portion of a quarter hour worked, overtime for the full quarter hour will be paid.

Basic overtime pay is earned when hours paid in any given workweek exceed forty (40) hours. Basic overtime pay is calculated at the rate of 1.5 times the base hourly rate.

Pay for Holidays Worked: Time worked on a company holiday will be paid at 1.5 times the base hourly rate (regardless of whether 40 paid hours has been reached). Holiday pay will be paid as described in the Time-Off Policy, as discussed in the Benefits section of this booklet. Pay for Holidays worked supersedes basic overtime pay for that company holiday.

## **Rewards to strengthen employee commitment and create a sense of ownership**

### **Your Variable Pay Opportunity at Atmos Energy**

Another important element of Total Rewards is the Variable Pay Plan.

The Variable Pay Plan is an opportunity for Atmos Energy to share the successes employees help create. If teams focus on what they can do to impact results and how they can add value -- they can make a difference. And when they do -- the Variable Pay Plan provides opportunity for financial rewards.

In addition, the plan is designed to:

- Link employees to overall Company and team performance objectives;
- Provide a method to deliver above-average pay when performance warrants;
- Create a sense of ownership and commitment to corporate vision and values; and
- Encourage employees to become knowledgeable about the business and how they can make a difference.

To be eligible for a Variable Pay Plan payment, an employee must:

- Be employed by April 1 in the respective fiscal year;
- Be employed on the day the payment is made; and
- Be performing at a level that meets or exceeds expectations.

If the employee is in an exempt position (not eligible for overtime) the payout is based on the employee's salary as of September 30 in each respective year. If the employee is in a non-exempt position (eligible for overtime) then the payout will be based on the base salary plus other eligible earnings\* in each respective year and, if a payout is approved, it will be paid the as soon as practical after approval. Other eligible earning will be considered in the VPP calculation if the employee is in a non-exempt position as of September 30. If the employee is in an exempt role on September 30, then other eligible earnings will not be included in the VPP calculation.

\* Other Eligible Earnings includes pay for overtime, standby, callout and shift premium, and lump sum merit awards

For FY 2009, the following guidelines apply:

- The sole performance goal for the Variable Pay Plan will be Return On Equity (ROE) expressed as Earnings Per Share (EPS).
- Incentive awards will be prorated and based on ROE and EPS equivalents.
- The minimum is \$1.86 EPS; the target is \$2.10 EPS and the maximum is \$2.35 EPS.
- Incentive awards will be calculated on \$.01 increments of EPS.
- Incentive awards, if earned and approved for payment, will be computed as a percentage of the participant's base salary in effect on September 30, 2009 according to the following:

**ATMOS ENERGY CORPORATION  
VARIABLE PAY PLAN**

**FY 2009 Matrix**

<u>Threshold</u>	<u>Target</u>	<u>Maximum</u>
1%	2%	3%

EPS	Award %	EPS	Award %	EPS	Award %
\$1.86	1.00%	\$2.03	1.71%	\$2.20	2.40%
\$1.87	1.04%	\$2.04	1.75%	\$2.21	2.44%
\$1.88	1.08%	\$2.05	1.79%	\$2.22	2.48%
\$1.89	1.13%	\$2.06	1.83%	\$2.23	2.52%
\$1.90	1.17%	\$2.07	1.88%	\$2.24	2.56%
\$1.91	1.21%	\$2.08	1.92%	\$2.25	2.60%
\$1.92	1.25%	\$2.09	1.96%	\$2.26	2.64%
\$1.93	1.29%	<b>\$2.10</b>	<b>2.00%</b>	\$2.27	2.68%
\$1.94	1.33%	\$2.11	2.04%	\$2.28	2.72%
\$1.95	1.38%	\$2.12	2.08%	\$2.29	2.76%
\$1.96	1.42%	\$2.13	2.12%	\$2.30	2.80%
\$1.97	1.46%	\$2.14	2.16%	\$2.31	2.84%
\$1.98	1.50%	\$2.15	2.20%	\$2.32	2.88%
\$1.99	1.54%	\$2.16	2.24%	\$2.33	2.92%
\$2.00	1.58%	\$2.17	2.28%	\$2.34	2.96%
\$2.01	1.63%	\$2.18	2.32%	<b>\$2.35</b>	<b>3.00%</b>
\$2.02	1.67%	\$2.19	2.36%		

Payments will be made as soon as practicable after the end of the fiscal year. Your individual job performance must at least meet expectations before any incentive award payout occurs. All awards are discretionary in accordance with the provisions of the Variable Pay Plan.

## **Your Role**

The way Atmos Energy provides base and variable pay is not an event -- it's an ongoing process. Both you and your supervisor play critical roles. Your responsibility is to:

- Understand the programs. The Company wants you to understand how your pay is determined and how you can influence your future pay opportunities;
- Keep the lines of communication open. Discuss your pay, contributions and developmental opportunities with your supervisor; and
- Ask questions. Your supervisor will be glad to answer questions about your pay and future opportunities.

## *Benefits Introduction*

*The Atmos Energy benefits philosophy  
is to provide comprehensive, competitive and cost-efficient benefits  
with the flexibility to be enhanced based on Company performance.*

*It's also about choice.  
It's designed to help you stay healthy, take time off,  
protect your family's income or  
provide financial security for your retirement years.*

*Total Rewards covers a wide range of benefits with flexibility and choice.*

# Benefits

The Atmos Energy benefits philosophy is to provide comprehensive, competitive and cost-efficient benefits with the flexibility to be enhanced based on Company performance.

It's also about choice. It's designed to help you stay healthy, take time off, protect your family's income or provide financial security for your retirement years. Total Rewards covers a wide range of benefits with flexibility and choice.

## Atmos Energy Benefits

Atmos Energy offers two types of benefits ... basic and voluntary. The Company automatically provides the basic benefits. Employees may choose to enroll in the voluntary benefits desired.

### Basic Benefits

### Voluntary Benefits

• Pension Account Plan	• Retirement Savings Plan
• Basic Life Insurance	• Medical
• Business Travel Accident Insurance	• Dental
• Paid Time Off	• Vision
• Extended Illness Bank	• Optional Employee Life Insurance
• Short-Term Disability Plan	• Optional Dependent Life Insurance
• Long-Term Disability Plan	• Pre-Tax (Flex) Spending Accounts
• Service Awards	• Investment Advice

## Eligibility

Employees are eligible to enroll in Atmos Energy's voluntary benefits if they are classified as regular full-time employees. You may enroll your eligible dependents in certain voluntary benefits. Your eligible dependents include:

- Your spouse
- Your unmarried children
  - up to age 19 for whom you are legal guardian;
  - age 19 or older but under age 25 who are full time students at an accredited school; and
  - any age if permanently physically or mentally disabled before age 19 (or before age 25 if a full-time student).

Children include your natural and legally adopted children, stepchildren, and children for whom you are legal guardian.



## **Atmos Energy Marriages (Spouses)**

If your spouse also is an employee of Atmos Energy, you have these choices:

- Each of you may enroll as an employee;
- One of you enrolls as an employee and enrolls the other as a dependent; and
- If you have children, only one of you can enroll the children.

### **Cost**

The Pension Account Plan, Basic Life and Business Travel Accident Insurance, and all Time Off benefits are paid by Atmos Energy. The Company also contributes to the Retirement Savings Plan. You and the Company share the cost for Medical and Dental care. You pay the cost for Optional Life and Vision benefits. Your cost for coverage for each benefit varies based on the coverage you elect and the eligible family members you cover.

You and the company share the cost of medical benefits. Your portion is paid on a pre-tax basis. Contributions vary by the option and level of coverage you select.

### **Keep This in Mind**

Consider your benefit choices carefully. Unless you have a qualifying change in status, your benefit elections will remain in effect through the end of the 2009 calendar year.

You may add or drop dependents during the year only if you experience one of the following qualifying changes in status:

- Marriage ;
- Divorce, annulment;
- Birth, adoption or legal guardianship;
- Ineligibility of a dependent due to age, student status or marriage;
- Gain or loss of coverage due to a change in your spouse's employment; or
- Death of your spouse or child.

You may change your coverage election during the year only if you are enrolled in a medical plan and move out of its service area.

Sufficient documentation must be provided to allow you to change your coverage mid-year, including adding or dropping a dependent.

For example:

- To add a child you will need a copy of the birth certificate, adoption paperwork, etc.
- To add a dependent back to the Plan because he or she is returning to full-time student status you will be required to provide a copy of the child's school transcript
- To add a spouse you will need to provide a marriage license
- In states which provide for common-law marriage, to add a common-law spouse to the Plans you will need to provide a "Declaration of Common-law Spouse" form

- To drop a child from the Plans mid-year, you will be required to provide documentation showing the child is no longer eligible or has obtained other coverage
- To drop a spouse from the Plans due to a divorce you will be required to provide a copy of the divorce decree
- To drop a common-law spouse from the Plan you will be required to provide a copy of the divorce decree

If you experience a qualified change in family status, you **must complete and submit an enrollment form** to your local Human Resources representative within 31 days of your change in status along with the appropriate documentation.

If your status change results in a need to update beneficiaries, please complete a new beneficiary form, which can be found on AtmoSphere under eforms/Human Resources.

## IMPORTANT CONTACT INFORMATION

Benefits	Contact	Phone Number
Medical Claims	Blue Cross & Blue Shield	(866) 314-0266
24 hour Nurse Line	Blue Cross & Blue Shield	(800) 581-0368
Mental Health	Magellan	(800) 424-1768
Medical Pre Authorization	Blue Cross & Blue Shield	(800) 441-9188
Prescription (Retail & Mail Order)	Prime Mail	(877) 357-7463
Dental/Basic Life/ Group Variable Universal Life/ Accidental Death and Dismemberment Insurance	MetLife	(800) 942-0854
Preferred Dentist Listing	MetLife	(800) 942-0854
Vision	Superior Vision	(800) 507-3800
Flexible Spending Account	PayFlex	(800) 284-4885
Employee Assistance Program	Magellan	(800) 424-1768
Retirement Savings Plan (RSP)	T. Rowe Price	(800) 922-9945
Retirement Guidance and Advice	GuidedChoice	(800) 242-6182
Disability/Workers' Compensation	Synchrony	(888) 972-6670
Pension Account Plan	Local HR Representative	
Atmos Benefits Hotline	Local HR Representative	(972) 855-4032
Company	Web Address	
Blue Cross & Blue Shield	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	
MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	
Superior Vision	<a href="http://www.superiorvision.com">www.superiorvision.com</a>	
PrimeMail	<a href="http://www.myrxhealth.com">www.myrxhealth.com</a>	
Magellan	<a href="http://www.magellanassist.com">www.magellanassist.com</a>	
GuidedChoice	<a href="http://www.guidedchoice.com">www.guidedchoice.com</a>	
T. Rowe Price	<a href="http://rps.troweprice.com">http://rps.troweprice.com</a>	
Atmos Intranet	<a href="http://atmosphere.atmosenergy.com">http://atmosphere.atmosenergy.com</a>	
PayFlex	<a href="http://www.mypayflex.com">www.mypayflex.com</a>	

# AtmosWell

AtmosWell is a wellness program that encourages employees to get and stay healthy by offering a variety of activities throughout the year, including healthy challenges, seminars and wellness assessments on our internet website [www.atmoswell.com](http://www.atmoswell.com).

## Incentive Awards

To be eligible for the Wellness Program Incentive in the AtmosWell Program, each employee must complete the Wellness Assessment, for which s/he will be rewarded 10 Wellness Credits, and earn a minimum of 20 additional credits by August 31, 2009.

## Wellness Program Incentive

- Take the Wellness Assessment plus earn 20 additional Wellness Credits by August 31, 2009 to receive a \$200 contribution to a healthcare Flexible Spending Account (FSA) account for **2010**.
- Complete the Wellness Assessment by August 31, 2009 to receive an additional \$50 contribution to an FSA healthcare account for **2010**.

## Wellness Credit Requirements for New Employees

New employees will have a prorated credit requirement based on their start date within the wellness program cycle, which begins September 1. New employees will be encouraged to take the Wellness Assessment and enroll in the wellness program as part of their new employee orientation process.

<b>Program Eligible Date</b>	<b>Credit Requirements</b>	<b>Program Incentive</b>
1st Quarter start (Sep. - Nov. 08)	30	\$200 FSA
2nd Quarter start (Dec. 08 - Feb. 09)	25	\$150 FSA
3rd Quarter start (Mar. - May 09)	20	\$100 FSA
4th Quarter start (Jun. - Aug. 09)	15	\$50 FSA

# How to access AtmosWell

**From any location:**

1. Log onto the internet.
2. Type in the URL <http://www.AtmosWell.com> in the address field.
3. When you enter the AtmosWell site, you can set up your user ID and password by entering your last name and the last four digits of your Social Security number.

The screenshot shows the AtmosWell website layout. On the left side, there are three text annotations with arrows pointing to specific website features:

- Take the Wellness Assessment to be eligible for the valuable Wellness Benefit awards.** - Points to the 'MY ATMOS' section.
- Read often to learn the Atmos Wellness Latest News and find monthly online seminars to earn Wellness credits.** - Points to the 'AtmosWell News' section.
- Click on My Credits to sign up for the Atmos Wellness Program. Here you will record your progress in activities throughout the year.** - Points to the 'WELLNESS TOOLS' section.

The website interface includes a navigation bar with 'HOME', 'SEARCH', 'NEED HELP?', 'FAQ's', and 'LOGOUT'. A central banner advertises the 'Maintain, Don't Gain CHALLENGE' from November 26, 2007, to January 7, 2008. Below this, there are sections for 'AtmosWell News', 'WELLNESS CHAMPION APPLICATION', and 'OTHER HEALTH HEADLINES'. A sidebar on the right contains various utility links like 'My Shop/Profile', 'Fitness', 'HabitTracker', and 'Health Tools'. At the bottom, there are sections for 'PATNERS', 'NUTRITION', 'HEALTHY LIVING', and 'MEDICAL RESOURCES'. A 'BENEFITS LINK' button is also visible.

**Don't Forget!** Take your Wellness Assessment and earn a total of 30 credits by August 31st and earn \$200 in your FSA account!

## **Medical**

Atmos offers four medical plan options. You may obtain a list of providers in the network options on the Internet. Log onto the Internet and go to the Blue Cross and Blue Shield website at <http://www.bcbstx.com/>, click on "BlueCard © Doctor and Hospital Finder" on the left side of the page and then follow the on-screen instructions. On Step 2, when you are asked to "Select the type of network you wish to search", be sure to check the "PPO Network" box. The PPO Network physicians and facilities are providers for both the Atmos PPO and EPO plans. You may also call Blue Cross and Blue Shield at (866) 314-0266 to find out if your current providers are in the network.

## **Enrollment Choices**

### Options:

- Low deductible Option
- High Deductible Option
- Preferred Provider Organization (PPO) Option
- Exclusive Provider Organization (EPO) Option
- Decline coverage

### Level of Coverage:

- Employee Only
- Employee & Spouse
- Employee & Child / Children
- Employee & Family (Includes spouse and child / Children)

## Bi-Weekly Costs

Your cost for coverage is paid on a bi-weekly basis, based on the level of coverage you select. The 2009 bi-weekly rates are shown on the following table:

<b>Medical Plan</b>	
<b>Plan and Coverage Level</b>	<b>2009 Bi-Weekly Employee Contribution</b>
<b>Low Deductible</b>	
Employee	\$52.00
Employee & Spouse	\$109.00
Employee & Child/Children	\$99.00
Employee & Family	\$156.00
<b>High Deductible</b>	
Employee	\$21.00
Employee & Spouse	\$45.00
Employee & Child/Children	\$41.00
Employee & Family	\$64.00
<b>PPO</b>	
Employee	\$41.00
Employee & Spouse	\$86.00
Employee & Child/Children	\$78.00
Employee & Family	\$123.00
<b>EPO</b>	
Employee	\$39.00
Employee & Spouse	\$81.00
Employee & Child/Children	\$74.00
Employee & Family	\$116.00

## COBRA

When you or any of your eligible covered dependents lose coverage in any Atmos medical, dental or vision plan option, you or your dependents may continue coverage through COBRA. Based on your enrollment in the respective plan immediately prior to the qualifying event, you may continue participation in the respective plan for a period of up to 18 months or, in the case of a dependent, up to 36 months.

The COBRA rates are the full cost of the plan option and coverage level plus a 2% administrative fee. Conexis administers COBRA and any communication regarding continuation coverage and payment arrangements will come directly from them.

### Medical Benefits Summary

	LOW DEDUCTIBLE	HIGH DEDUCTIBLE	PREFERRED PROVIDER ORGANIZATION (PPO)		EXCLUSIVE PROVIDER ORGANIZATION (EPO)	
			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Primary Care Physician</b>	Not required	Not required	Not required	Not required	Not required	No coverage
<b>Annual Deductible</b>						
Individual	\$300	\$1,250	\$250		None	
Family	\$600	\$2,500	\$500		None	
<b>Co-payment</b>					Per office visit copay: \$20 primary care physician \$30 specialist \$200 per admission for hospital confinement	
Physician Services	80%	80%	90%	70%	100%	No coverage
Hospital Services	80%	80%	90%	70%	100%	No coverage
<b>Out-of-Pocket Maximum</b>						
Individual	\$2,500	\$5,000	\$1,250	\$2,500	None	
Family	\$5,000	10,000	\$2,500	\$5,000	None	
<b>Lifetime Maximum</b> (per person)	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	
<b>Mental Health Care</b>						
Co-payment (after deductible)	80%	80%	90%	70%	\$30 co-pay (deductible does not apply)	No coverage
Inpatient/Outpatient	30 days/year -- inpatient 90 days/lifetime – inpatient 50 visits/year – outpatient					
<b>Chemical Dependency</b>						
Co-payment (after deductible)	80%	80%	90%	70%	\$30 co-pay	No coverage
<b>Chemical Dependency</b> Inpatient/outpatient	30 days/year – inpatient 90 days/lifetime – inpatient 50 visits/year - outpatient					



	LOW DEDUCTIBLE	HIGH DEDUCTIBLE	PREFERRED PROVIDER ORGANIZATION (PPO)		EXCLUSIVE PROVIDER ORGANIZATION (EPO)	
			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Wellness	80%	80%	90%	70%	100% after \$20 co-pay	No coverage
Annual Physical	\$300 annual max. after deductible	\$300 annual max. after deductible	No annual max. (deductible does not apply)	\$300 annual max. after deductible	No annual max. (deductible does not apply)	No coverage
Well Child						
Well Woman						
Mammogram						
<b>Emergency Room</b>	80%	80%	90%	90%	\$75 co-pay	In network coverage if considered medical emergency
<b>Urgent Care Centers</b>	80%	80%	90%	70%	\$35 co-pay	No coverage

*Prescription Drugs are covered in all four plan options through Prime Therapeutics. The following co-payments will apply:*

#### **Retail Pharmacy**

- 25 % Co-insurance for all medical plans for a *30-day supply*.
- Maximum cost for a 30-day supply at the retail pharmacy \$75.00

#### **Mail Order Prescriptions**

- 25 % Co-insurance for all medical plans for a *90-day supply*.
- Maximum cost for a 90-day supply through the mail-order pharmacy \$150.00.

## **Reasonable and Customary Limits**

All benefits payable in the Low Deductible, High Deductible, and services received out-of-network in the PPO plan may be subject to reasonable and customary limits. However, one of the advantages of Blue Cross and Blue Shield is their vast network of providers. There are over 8,000 hospitals and 700,000 providers nationwide that have agreed to be reimbursed for services rendered according to a contract with Blue Cross and Blue Shield. If you obtain services from one of these providers, especially one that is not included in the Blue Card PPO network, the contract price between the provider and Blue Cross and Blue Shield will be applied; you will not be balance-billed for any costs over and above the contracted price. You remain responsible for any applicable deductible. Additionally, these participating providers will file your claims directly with Blue Cross and Blue Shield.

## **Coordination of Benefits**

This provision applies when benefits for the same charges are payable under the Atmos medical plan and another plan. The amount of benefits the Atmos plan would have paid without this provision will be determined first. Then the amount of benefits paid by other plans primary to the Atmos Plan for the same charges will be subtracted from this amount. The Atmos plan will pay the difference.

## **Wellness Benefits**

In the PPO in-network, wellness benefits are unlimited to each covered participant before the deductible. In the Low Deductible, High Deductible, and out-of-network PPO options, wellness benefits are available to each covered participant up to maximum of \$300 after deductible. In the EPO option, wellness benefits are covered like any other medically necessary procedure.

## **Employee Assistance Program (EAP) and Mental Health Benefits**

The Employee Assistance Program (EAP) is offered to employees and their dependents to help those persons address personal concerns or questions. Magellan will coordinate the confidential care for personal concerns under the EAP.

Employees and their dependents may receive up to six counseling visits each year at no cost under the EAP and service is available from Magellan 24 hours a day.

All mental-health benefits provided through the medical plan will be managed by Magellan. The phone number for all employees is 1-800-424-1768.

## **Nurseline**

The 24/7 Nurseline is a healthcare decision counseling service that provides the information and support you need to get the best possible and most appropriate healthcare for you and your family. As a Nurseline member, you and your immediate family members can call anywhere in the United States or Canada - 24 hours a day, seven days a week - to talk one-on-one with an experienced registered nurse. A Nurseline nurse can help if you are worried about a health problem but don't think it is important enough to call your doctor or if you want more information about a prescription, test, or surgery. The nurses receive calls about everything from cut fingers to cold and flu relief, from food poisoning to skin problems. You can call for the latest information on immunizations for your children. Get ongoing support and guidance (for free!) on everything from weight control to smoking cessation. Call a Nurseline nurse at 1-800-581-0368 for answers to any of your health-related questions.

## Dental

Atmos offers the Dental Plan to provide affordable dental care for you and your family. You may select any level of coverage. It does not have to be the same level of coverage you select for medical care.

You and the Company share the cost of coverage. Your portion is paid on a pre-tax basis. Contributions vary by the level of coverage you select.

### Level of Coverage:

- Employee Only
- Employee & Spouse
- Employee & Child / Children
- Employee & Family (Includes spouse and child / children)

### Bi-Weekly Costs

Your share of the cost for coverage each year is paid on a bi-weekly basis, based on the level of coverage you select. The 2009 bi-weekly contribution rates are shown on the following table:

Dental Plan	
Coverage Level	2009 Bi-Weekly Employee Contribution
Employee	\$3.00
Employee & Spouse	\$6.00
Employee & Children	\$6.00
Employee & Family	\$9.00

### If You Decline Coverage

If you decline coverage, you may enroll during the year only if you have a change in status as outlined earlier in this booklet.

## **Benefits**

You may choose any dentist for treatment. If you choose a network dentist, your out-of-pocket expenses could be less. The benefit amount depends on the type of treatment you receive -- preventive, basic, major or orthodontia.

After you have paid your annual deductible, you will be reimbursed based on the reasonable and customary charge limit.

The plan pays a maximum benefit, after your annual deductible, of \$1,500 each year per person, excluding orthodontics. If you or your child needs braces, the plan pays 50% of the cost, after a separate \$50 one-time deductible, up to a lifetime maximum of \$1,500.

### **Preferred Dentist Program (PDP)**

The plan offers a PDP option that can help you save money. If you choose to use a participating dentist from the PDP list, you could receive a higher level of benefits.

- You can save money when you use a participating dentist, because services may be provided at a reduced cost. And, participating dentists accept reduced fees for services the Dental Plan does not cover. This translates into lower out-of-pocket expenses for you.
- You can feel confident about the qualifications of participating dentists because they meet MetLife's strict credentialing standards and comply with MetLife's ongoing utilization and claim review processes.
- The PDP lets you select any participating or non-participating dentist at the time of treatment. And, you do not need a referral from your general dentist to see a specialist.
- The PDP network includes more than 38,000 providers including 8,000 specialists of all types. That means there may be several participating dentists conveniently located near your home or workplace.

## **Dental Benefits**

<b>Preventive Treatment:</b>	Covered in full (reasonable and customary charge) -- no deductible. Includes oral exams (two per year), bite-wing (two per year) and full-mouth or panoramic X-rays (once every three years), and fluoride treatment (for children under age 19).
<b>Basic Treatment:</b>	Plan pays 80% -- after deductible. Includes basic cavity fillings, root canal, gum treatment, and oral surgery.
<b>Major Treatment:</b>	Plan pays 50% -- after deductible. Includes crowns, dentures, and bridgework.
<b>Orthodontia:</b>	Plan pays 50% -- after separate \$50 one-time deductible. Up to \$1,500 lifetime limit per person.
<b>Annual Deductible (Individual):</b>	\$50 Combined Basic and Major treatment
<b>Annual Maximum Benefit:</b>	\$1,500 per person, Basic and Major Treatment only.

### **How to Use the Benefits**

- 1. Make an appointment.**
- 2. Pay the full cost of the visit (if your dentist does not file claims).**  
You must file a claim form to receive reimbursement. Or, ask your dentist to file your claim for you.
- 3. File a claim or ask your dentist to file your claim.**  
Attach all original bills and receipts and keep copies for your records. Be sure to include your Social Security number on the claim form and on all bills and receipts. Send your claim to the address on the Claim Form. The MetLife Dental Claim Form may be found on the Atmos intranet under Eforms; Human Resources; Benefits Claim Forms.
- 4. Receive appropriate reimbursement for your reasonable and customary expenses.**

## Vision

Vision coverage for you and your eligible family members is available through Superior Vision Plan (SVP).

Plan costs are paid on a pre-tax basis. Contributions vary by the level of coverage you select.

### Enrollment Choices

#### Level of Coverage

Employee Only

Employee & Spouse

Employee & Child / Children

Employee & Family (Includes spouse and child / children)

### Bi-Weekly Costs

Your cost for coverage is paid on a bi-weekly basis, based on the level of coverage you select. The 2009 bi-weekly rates are shown on the following table:

Vision Plan	
Coverage Level	2009 Bi-Weekly Employee Contribution
Employee	\$4.50
Employee & Spouse	\$9.70
Employee & Children	\$7.30
Employee & Family	\$13.30

**Vision Benefits**

If you use a network provider, you will pay a \$10 co-payment for your exam, and a \$10 co-payment for your eyewear. There is no co-payment for contact lenses. If you use an out-of-network provider, the plan will reimburse you up to the maximum dollar amounts shown for each service below, less any applicable co-payment:

<u>FEATURE</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u> <u>(CO-PAY APPLIES)</u>
<b>Exams</b>	One exam each calendar year	One exam each calendar year
By an Ophthalmologist	100% after \$10 co-payment	Reimbursement up to \$42
By an Optometrist	100% after \$10 co-payment	Reimbursement up to \$37
<b>Eye Wear</b>	After \$10 co-payment:	
<b>Lenses (Standard) Per Pair:</b>		
Single Vision	Covered in full	Up to \$ 32
Bifocal	Covered in full	Up to \$ 46
Trifocal	Covered in full	Up to \$ 61
Lenticular	Covered in full	Up to \$ 84
Frames (Standard)	Covered in full, up to \$100	Up to \$ 48
<b>Contact Lenses (Per Pair):*</b>		
Cosmetic (Elective)**	Up to \$100	Up to \$100
<b>Claim Form</b>	Contact a SVP network doctor. Identify yourself as a SVP participant. The SVP doctor will verify your coverage and file your claim form for you.	Request reimbursement from SVP. To request a claim form call SVP at 1-800-507-3800.

\* Contact lenses are in lieu of eyeglass lenses and frames benefit.

\*\* You are responsible for paying any charges in excess of this allowance.

Superior Vision has contracted with a selection of ophthalmologists who specialize in refractive surgery (Radial Keratotomy, Photo-Refractive Laser Keratotomy, and LASIK) and blepharoplasty (cosmetic eyelid surgery) to provide these popular elective procedures to plan members on a specially discounted basis.

To locate a Superior Vision Plan network provider, call 1-800-507-3800 or access the Superior Vision Plan website at <http://www.superiorvision.com/>.

**Other Vision Plan Features**

Superior Vision has a discount plan for the upgrade options on covered eyeglass lenses. This is a “fixed discount price” plan that is offered by many of the participating Discount Plan providers. Also, the participating Discount Plan providers offer a 20% discount on the cost of the frame above the contracted frame allowance. These features enhance the substantial discount benefits for covered eyeglasses.

<b>Material Discount Schedule for the <u>Covered</u> Pair of Eyeglasses</b>	
<b>Benefit Description</b>	<b>Discounts from Participating Providers*</b>
<p align="center"><b>Frames</b></p> <p>Note: Frame discounts do not apply when prohibited by the manufacturer.</p>	20% off the difference between the covered frame allowance and the retail price of the selected frame.
<p><b>Add-on’s to the <u>covered</u> pair of lenses:</b></p> <ul style="list-style-type: none"> <li>• Factory Scratch Coat</li> <li>• Ultraviolet Coat</li> <li>Standard Anti-Reflective Coat</li> <li>• High Index 1.6</li> <li>• Polycarbonate</li> <li>• Standard Transitions and other Standard Photochromic</li> <li>• Glass Coloring</li> <li>• Plastic Tints Solid or Gradient</li> <li>• Power over 4.00D Sphere, 2.00D Cylinder &amp; 5.00D Prism</li> <li>• Cosmetic Finishing, Beveling, Edging &amp; Mounting</li> <li>• All Other Lens Options or Upgrades</li> </ul>	<p><b>Member pays 20% off retail up to:</b></p> <ul style="list-style-type: none"> <li>• \$13 (Single Vision &amp; Standard Lined Multifocal Lenses)</li> <li>• \$15 (Single Vision &amp; Standard Lined Multifocal Lenses)</li> <li>• \$50 (Single Vision &amp; Standard Lined Multifocal Lenses)</li> <li>• \$55 (Single Vision Lenses Only)</li> <li>• \$40 (Single Vision Lenses Only)</li> <li>• \$80 (Single Vision Lenses Only)</li> <li>• \$35 (Any Type Lenses)</li> <li>• \$25 (Any Type Lenses)</li> <li>• 20% discount off retail (Any Type Lenses)</li> <li>• 20% discount off retail (Any Type Lenses)</li> <li>• 20% discount off retail (Any Type Lenses)</li> </ul>

<b>Discount Feature on Additional Pairs of Eyeglasses &amp; Contact Lenses</b>		
Frames	30% off retail prices	
Prescription eyeglass lenses	30% off retail prices	(Any Type Lenses)
Add-on charges to basic lenses	20% off retail prices	(Any Type Lenses)
Everyday "frame and lens package pricing"	20% off retail prices	(Any Type Lenses)
Contact lenses, standard hard or soft	20% off retail prices	(Any Type Lenses)
Disposable contact lenses	10% off retail prices	(Any Type Lenses)
All other prescription materials	20% off retail prices	(Any Type Lenses)
Non-prescription sunglasses	20% off retail prices	(Any Type Lenses)

**Refractive Surgery Discount Feature**

Superior Vision Services has contracted with a network of more than 500 refractive surgeons nationwide who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer members a 20% discount off their usual and customary surgical fees for these procedures.

*\*Discounts are available only from Superior Vision Plan in-network providers who are identified in the provider directory as accepting discounts as part of the services they provide under the Plan. To find a list of providers, log onto [www.superiorvision.com](http://www.superiorvision.com).*



## **Pre-Tax (Flex) Spending Accounts (FSA)**

There are two types of Pre-Tax (Flex) Spending Accounts ... a Healthcare Account and a Dependent Care Account. You may elect to participate in one or both of these accounts. The accounts allow you to set aside money on a pre-tax basis to reimburse you for eligible health and dependent care expenses.

PayFlex is the administrator for Atmos Energy's dependent care and healthcare FSA accounts. PayFlex has a superior customer service reputation. They also have a great deal of experience in the administration of FSA debit cards.

### **AtmosWell Contribution**

You will automatically be enrolled in the FSA Healthcare account if you elect to participate in the AtmosWell program by completing the Wellness Assessment. If you then earn 30 Wellness Credits (or applicable pro-rated credits based on hire date) by August 31, 2009 by participating in wellness program activities, you will earn a \$200 contribution to your Healthcare Spending Account for healthcare expenses beginning January 1, 2010.

FSA Accounts are exempt from federal income taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The more money you put in, the more tax you avoid. When you use the money in your account to pay for out-of-pocket family healthcare expenses, you avoid paying taxes on those dollars. Depending on your tax bracket, you may save up to 35% on out-of-pocket family healthcare expenses.

### **Enrollment Choices**

<b>Healthcare Account:</b>	\$100 to \$5,000 per year
<b>Dependent Care Account:</b>	
Single	\$100 to \$5,000 per year
Married filing a joint tax return	\$100 to \$5,000 per year
Married filing a separate tax return	\$100 to \$2,500 per year

### **Grace Period for Claims**

The Flexible Benefits Plan allows a two and one-half month grace period for using funds in the Plan. This feature allows FSA healthcare expenses incurred between January 1 and March 15 to be reimbursed from any remaining funds in your account contributed in the prior calendar year as applicable. This provision lessens the burden placed on participants who don't contribute to a healthcare spending account because of the fear that if they don't use it in the calendar year contributed they would lose those funds. The healthcare flexible spending account remains the single most important way for Atmos employees to save on their health care expenditure. If you do not use all of the money in your accounts by March 15<sup>th</sup> of the following year, you will forfeit the remaining balance to the plan. The grace period applies to healthcare FSA expenses only; it does not apply to Dependent Care FSA.

## **FSA Debit Card Feature**

### **Advantages of the Debit Card**

- Cash flow – You will have immediate access to your FSA funds. You will not have to pay for services and wait for reimbursement from the Plan;
- Easy to purchase over-the-counter (OTC) drugs; and
- Easy to use at a provider's office – Since the majority of Atmos' employees are in the EPO medical plan option, the \$20 co-pay for primary care physician and \$30 co-pay for specialists will rarely have to be substantiated.

The summary that follows explains how the debit card feature works.

First, if you elect to participate in the FSA, you will automatically receive a debit card. You will then have the choice to activate your card or to keep it inactive and file paper claims to request reimbursement. Your debit card may be used when purchasing items that are reimbursable by the FSA. This card will work just like any other debit card. You simply present it at the pharmacy or to your doctor, dentist, or other medical provider, to pay for out-of-pocket charges that you incur which are reimbursable under a healthcare FSA. The card will not work at some locations that are not considered healthcare facilities such as department and discount stores, even if they have a pharmacy inside the store. You will need to file claims for purchases at those locations by paper or on the PayFlex website.

If you chose not to activate your debit card and to file paper claims for reimbursement, you may elect the direct deposit feature. This is done by going to [www.myPayFlex.com](http://www.myPayFlex.com) and from the main menu selecting the forms section. Select the direct deposit form, complete it as instructed and mail it back to PayFlex at the address indicated on the form.

### **Using Your Debit Card**

When you activate your debit card, please be aware that:

- You may not use the card for items that are not reimbursable under a healthcare FSA. If you are purchasing other items at the pharmacy, such as toiletries, etc., you will need to pay for those items separately. Remember - IRS rules govern what items may be purchased with FSA funds, including those purchased with an FSA debit card.
- You may be required to substantiate your debit card purchases by submitting receipts. If you do not follow the procedures prescribed by PayFlex, your card may be de-activated and if this occurs, it will be between you and PayFlex to get your card reactivated.

### **How the Substantiation Process Works**

- Whenever possible, PayFlex will substantiate your charges without requesting additional information. For example, if you are a member of the EPO medical plan option and you incur a \$20 charge for an office visit to your primary care doctor or a \$30 charge for a specialist visit, PayFlex most likely will not need additional documentation for those charges. In addition, if you purchase prescription drugs or over-the-counter medications at a participating pharmacy, PayFlex will be able to determine which items are eligible through the pharmacy's coding system, and will not need to request additional documentation from you.
- There will likely be situations when PayFlex cannot substantiate your charges. For example, if you purchase a prescription at a pharmacy that is not participating in this program and pay 25% of the cost, PayFlex will ask you to provide receipts to substantiate that the charges are eligible.

- Because our prescription drug program uses a 25% coinsurance instead of flat copay, PayFlex will first try to substantiate the claim via information feed file from Prime Therapeutics. If they are unable to substantiate the claim through this automated process, they will contact you for documentation. You will have the option of receiving the notice requiring you to provide documentation via U.S. mail or email. To elect to receive any notices by email, you may elect this option on the PayFlex website at [www.myPayFlex.com](http://www.myPayFlex.com).
- When a notice is sent, you will have 21 days to respond. If you don't respond within 21 days, a second notice is sent. If PayFlex does not receive a response within the second 21-day period, then your debit card will be deactivated. If you misplace a receipt for the original claim that was paid with the debit card, you have the option to submit a different claim to clear the charge from your account by the deadlines outlined above, or you can send a check to reimburse the plan for the unsubstantiated charge.

### **FSA Reimbursement**

The Healthcare Account and the Dependent Care Account are separate accounts. Funds cannot be transferred from one account to the other. Eligible claims must be incurred during the applicable plan year or during the period of the plan year that you are actively participating. According to current IRS rules, an expense is considered incurred when service is actually received, not when you are billed or pay for the service.

### **Consider Your Deposits Carefully**

You choose the amount of your annual deposits. Deposits are made to your account through payroll deductions. Deposits are taken out of your paychecks in equal amounts during the year.

You should consider the amount you deposit into each account carefully. You forfeit any money left in your dependent care account on December 31<sup>st</sup> for which you have no eligible expenses. You forfeit any money left in your healthcare account on March 15<sup>th</sup> following the end of the calendar year for which you have no eligible expenses. You have until March 31<sup>st</sup> following the end of the Plan year to request reimbursement for expenses incurred during the year. You may not transfer money between the accounts or carry it over to the next year.

Once you decide how much to put into a Spending Account, your election will remain in effect for the entire calendar year ... unless you have a change in status.

## **Healthcare Account**

By using an FSA, you pay for these expenses with pre-tax dollars. You save a percentage of each dollar you spend on eligible medical, dental and vision services that are not fully covered or are ineligible for payment under your healthcare plan. Eligible healthcare expenses may include:

- Healthcare plan deductibles;
- Co-payments;
- Amounts over the maximum your plan pays; and
- Other expenses not covered by your health plan.

Out-of-pocket expenses incurred by you, your spouse or any dependent that you claim on your income tax returns are eligible for reimbursement whether or not you or they are covered through Atmos' medical, dental and vision plans. But you must enroll in the Healthcare FSA to take advantage of the tax savings, and the expenses must be incurred while you are participating in the FSA.

Insurance premiums and expenses paid by your healthcare plan are not eligible for reimbursement under the Healthcare FSA. Also, you cannot receive FSA reimbursement for a healthcare expense if you also itemize the expense as a deduction on your tax returns. For additional information about expenses that may be considered eligible, please refer to the sample Healthcare Expenses on the following pages - Eligible and Ineligible list. All submitted expenses are reviewed according to Internal Revenue Code Section 125.

### **Choosing the right contribution amount**

It's important that you calculate the right amount to contribute to your FSA account. The IRS rules say that if you don't use all of the money in the account when the year is up, those funds will no longer be available to you. So, make sure you don't contribute more than you know your expenses will be. (We have provided you with a worksheet to help you figure out the right amount to put into your account.)

If you have money left, use it before the end of the year to pay for necessary items - an eye exam, an annual physical, additional monthly prescriptions, or over-the-counter medications.

Remember, expenses can be incurred by you, your spouse or any dependent. The spouse or dependent does not need to be enrolled in any other Atmos benefit plans in order for their claims to be eligible for reimbursement under the FSA.

## Healthcare FSA Worksheet

Use this worksheet to help you determine your Healthcare FSA election amount. You may want to review receipts from last year for healthcare expenses you paid out of your own pocket. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Healthcare FSA. You should only budget for those expenses eligible for reimbursement through the Healthcare FSA. Remember, eligible expenses include those for you, your spouse and your dependents.

<b>Deductibles</b>	\$ _____	<b>Expenses NOT covered by insurance plan</b>	
Medical, dental, vision			
<b>Co-payments/coinsurance</b>	\$ _____	Prescription & over-the counter drugs	\$ _____
The amount not paid by your		Vision care Dental/orthodontic care	\$ _____
health plan coverage		Treatments/therapies	\$ _____
<b>Amounts paid over plan limits</b>	\$ _____	Fees/services	\$ _____
Over reasonable and customary	\$ _____	Medical equipment	\$ _____
allowance		Psychiatric care over limits	\$ _____
		Assistance for the disabled	\$ _____
		Other eligible expenses	\$ _____
<b>Subtotal A</b>	\$ _____	<b>Subtotal B</b>	\$ _____

### Out-Of-Pocket Healthcare Expenses

This gives you a good idea of the amount you should elect to place into your Healthcare FSA. Consider any other factors that will affect your out-of-pocket healthcare costs during the upcoming plan year, and adjust the amount if necessary:

(Add Subtotals A + B) \$ \_\_\_\_\_

## Healthcare FSA Expenses – Eligible and Ineligible

**Eligible Expenses.** All submitted expenses are reviewed according to the regulations of Internal Revenue Code Section 125. All claims must be substantiated and appropriate documentation must be provided. Some expenses may require documentation from your physician.

### Eligible

#### Prescription and Over-the-counter Drugs

- Prescription that treat a medical condition
- Drugs that are available over-the-counter
- Birth control drugs (prescribed)
- Insulin

### Ineligible

- Prescription drugs for cosmetic purposes

### Vision Care

#### Eligible

- Optometrist or ophthalmologist fees
- Eyeglasses
- Contact lenses and cleaning solutions
- Prescription sunglasses
- Corrective eye surgery (such as radial keratotomy)

### Ineligible

- Lens replacement insurance
- Warranties
- Protection plans
- Coating/tints that do not treat a medical condition

### Dental/Orthodontic Care

#### Eligible

- Dental care
- Artificial teeth/dentures
- Cost of fluoridation of home water supply advised by dentist
- Braces, orthodontic services (only those incurred within the active plan year)

### Ineligible

- Teeth bleaching
- Tooth bonding that is not medically necessary

### Treatments/Therapies

#### Eligible

- Weight loss programs prescribed to treat a medical condition
- X-ray treatments

- Smoking cessation programs
- Treatment for alcoholism or drug dependency

- Acupuncture
- Vaccinations
- Physical therapy (as a medical treatment)
- Speech therapy
- Occupational therapy
- Infertility treatment

### Ineligible

- Physical treatments unrelated to specific health problem (e.g., massage for general well-being)
- Any illegal treatment

### Insurance

#### Eligible

- Deductibles and co-payments for healthcare plans (medical, dental, vision)
- Coinsurance (the percentage of charges not paid by your healthcare plan)
- Amounts over usual and customary limits

### Ineligible

- All premiums/contributions for insurance coverage (including health insurance, long-term care, loss of income and loss of life)
- Expenses paid by your healthcare plan

### Fees/Services

#### Eligible

- Physician's fees
- Routine/preventive physicals
- Obstetrical expenses
- Hospital services
- Nursing services for care of a specific medical ailment

### Fees/Services

#### Eligible

- Cost of a nurse's room and board when nurse services qualify
- The Social Security tax paid with respect to wages of a nurse when nurse's services qualify
- Surgical or diagnostic services
- Legal sterilization
- Cosmetic surgery/procedures that treat deformity caused by an accident or trauma, disease, or an abnormality at birth
- Services of chiropractors and osteopaths

- Anesthesiologist fees
- Dermatologist fees
- Gynecologist fees

### Ineligible

- Cosmetic surgery/procedures that improve patient's appearance but do not meaningfully promote the proper function of the body or prevent/treat an illness/disease
- Payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of a nonmedical nature
- Nursemaids or practical nurses who render general care for healthy infants
- Payments for child care (eligible under the Dependent Care FSA)

### Medical Equipment

#### Eligible

- Wheelchair or autoette (cost of operating/maintaining)
- Crutches (purchased or rented)
- Oxygen equipment and oxygen used to relieve breathing problems that result from a medical condition
- Artificial limbs
- Support hose (if medically necessary)
- Wigs (where necessary for mental health of individual who loses hair because of disease)

### Ineligible

- Wigs, when not medically necessary for mental health
- Vacuum cleaner purchased by an individual with dust allergy

**Healthcare FSA Expenses – Eligible and Ineligible (continued)**

**Psychiatric Care**

**Eligible**

- Services of psychotherapists, psychiatrists and psychologists
- Legal fees directly related to commitment of a mentally ill person

**Ineligible**

- Psychoanalysis undertaken to satisfy curriculum requirements of a student
- Marriage counseling

**Assistance for the Disabled**

**Eligible**

- Cost of guide for a blind person
- Cost of note-taker for a deaf child in school
- Cost of Braille books and magazines in excess of cost of regular editions
- Seeing eye dog (cost of buying, training and maintaining) Hearing-trained cat or other animal to assist

deaf person (cost of buying, training and maintaining)

- Household visual alert system for deaf person
- Excess costs of specifically equipping automobile for a disabled person over the cost of ordinary automobile; device for lifting a disabled person into automobile

**Miscellaneous Charges**

**Eligible**

- Sales tax associated with an eligible expense
- Hearing aids, batteries for operation of hearing aids, hearing aid repairs
- Expenses connected with donating an organ
- Cost of computer storage of medical records
- Transportation expenses primarily for, and essential to, medical care including car mileage, bus, taxi, train, plane fares, ambulance services,

parking fees and tolls

- Lodging expenses (not provided in a hospital or similar institution) not to exceed \$50 per night per individual while away from home if the lodging is primarily for and essential to medical care provided by a doctor.

**Ineligible**

- Expenses of divorce when doctor or psychiatrist recommends divorce
- Cost of toiletries, cosmetics and sundry items (e.g., soap, toothbrushes)
- Maternity clothes
- Diaper service
- Distilled water purchased to avoid drinking fluoridated city water supply
- Installation of power steering in an automobile
- Pajamas purchased to wear in hospital
- Mobile telephone used for personal phone calls as well as calls to a physician

## **Dependent Care Account**

The Dependent Care Flexible Spending Account (DFSA) helps you pay for child care services which make it possible for you and your spouse (if applicable) to work.

Under certain circumstances it also may be used to help pay for the care of elderly parents, or a disabled spouse or dependent. To be eligible, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility criteria:

- You are a single parent or guardian;
- You have a working spouse or a spouse looking for work;
- Your spouse is a full-time student at least five months during the year while you are working;
- Your spouse is physically or mentally unable to provide for his/her own care; or
- You are divorced or legally separated and have custody of your child (Even if your former spouse may claim the child for income tax purposes, your FSA can be used to pay for child care services provided during the period the child resides with you.)



## Dependent Care FSA Worksheet

Use this worksheet to help you determine your Dependent Care FSA election amount. The Dependent Care FSA allows you to use pre-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents or a disabled spouse or dependent. Note that the Dependent Care FSA is intended to cover costs of care and does not cover any medical or health-care costs for your dependents.

<u>Child Care Expenses</u>	<u>Annual Expense</u>
Day Care Center	\$ _____
In-home Care	\$ _____
Nursery and Pre-school	\$ _____
After School Care	\$ _____
Au Pair Services	\$ _____
Summer Day Camps	\$ _____
<u>Elder Care Services</u>	
Day Care Center	\$ _____
In-home Care	\$ _____

### Out-Of-Pocket Dependent Care Expenses

This total gives you an estimated amount that you should elect to place into your Dependent Care FSA. Remember, you'll avoid Federal income tax, Social Security and Medicare taxes on the money you set aside:

**Total:** \$ \_\_\_\_\_

**Note:** The individual dependent care FSA total shall not exceed \$5,000 (\$2,500 in case of separate return by a married individual).

### **How to Use the Account – without using the Debit Card feature**

When you go to your healthcare provider, pay for the cost or co-payment of the service or item. Be sure to get a receipt showing the date and how much you paid for the service or item. Then you will need to file a Flexible Spending Account Reimbursement form with PayFlex (forms are on the Atmos Intranet and at [www.myPayFlex.com](http://www.myPayFlex.com)). Attach your bill or receipt and, if appropriate, a copy of an explanation of benefits (EOB) you received from an insurance company to the claim form.

<p><b>Reminder:</b> This election will not carry over into the following year. You must complete a new FSA enrollment on Employee Self-Service each year,</p>
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### **DIRECT DEPOSIT**

If you would prefer to have your FSA reimbursement deposited directly into your bank account rather than receiving a check, you will need to complete the Direct Deposit Authorization form (forms are on the Atmos Intranet).

## **Life and AD&D Insurance**

The Company provides Basic Life and Business Travel Accident coverage at no cost to you. You may elect Accidental Death and Dismemberment (AD&D) insurance to provide you and your family financial security. You pay the full cost of this coverage. Your contribution is paid on a pre-tax basis, unless you specifically request in writing that the contributions be made on an after-tax basis. You may also elect Group Variable Universal Life (GVUL). You pay the cost of GVUL on an after-tax basis. Costs vary by your age and the level of coverage you select.

### **Basic Life**

The Company provides Basic Life equal to 2 times your annual base salary, rounded to the nearest \$1,000 increment. Maximum coverage is \$700,000.

### **Imputed Income**

The federal government requires you to pay income tax if Atmos provides more than \$50,000 of group life insurance coverage. The government considers the value of the cost for the Company to provide the coverage over \$50,000 to be part of your income from Atmos. This taxable value is called imputed income. Imputed income applies to your Basic Life coverage only. The imputed income on the value of your Basic Life coverage can be seen on each paycheck you receive from Atmos.

### **If You Leave the Company**

If your employment terminates, you may convert your Basic Life insurance to an individual policy. MetLife will send you a conversion form. When you receive the form, call MetLife at the number on the top of the form. A MetLife representative will take you through the rest of the process. You have 30 days from your date of termination to call MetLife to request a conversion.

### **Business Travel Accident:**

If you are a full-time employee, you are automatically covered under the Business Travel Accident Insurance Plan when you travel on Company business.

The plan will pay you a portion of the benefit if you lose a limb, your eyesight, or your hearing as a result of an accident while traveling. If you die, the full benefit will be paid to your beneficiary. The benefit is 2 times your annual base salary. The plan pays a maximum benefit of \$250,000.

### **Optional Accidental Death and Dismemberment (AD&D)**

You may elect Optional AD&D coverage for yourself only or for you and all eligible members of your family. You may elect coverage from \$10,000 up to \$1,000,000 in \$10,000 increments. If you die this plan pays a benefit in addition to the Basic and GVUL plans. If you lose a limb or eyesight as a result of an accident, this plan pays a portion of the death benefit to you.

### **Family Protection Plus**

If you enroll in the Employee + Family AD&D coverage the AD&D benefit that applies to your eligible family members is expressed as a percentage of the amount of AD&D coverage you select for yourself on the following basis:

- Spouse and Eligible Child or Children:
  - Spouse: 40% of employee amount
  - Each Child: 10% of employee amount
- Spouse and No Eligible Dependent Child or Children:
  - Spouse: 50% of employee amount
- No Spouse but Dependent Children:
  - Each Child: 15% of employee amount.

Dependent children are eligible from age 14 days to 19 years, or to age 25 if a full-time student dependent on the employee for support.

The following benefits are provided at no additional cost to you when you enroll in AD&D coverage.

### **Emergency Medical Travel Assistance Services**

Employees who enroll in Optional AD&D will have access to a global network of medical providers when traveling more than 100 miles from home. If an emergency medical situation occurs while a member is traveling in the U.S., the number to call is (800) 454-3679. If a member is traveling outside the U.S., the number is (312) 935-3783.

### **Seat Belt Benefit**

The AD&D plan pays an additional benefit if you (or a covered dependent) dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and while wearing properly fastened seat belts (or child restraint if the insured is a child). This benefit will pay an additional 10% of the coverage amount, subject to a minimum of \$1,000 and a maximum of \$25,000.

### **Hospitalization Benefit**

When a covered accident requires that you be hospitalized, the AD&D plan will pay, in addition to all other benefits, a monthly income of 1% of the coverage amount. Benefits are subject to a four-day waiting period and a maximum of \$2,500 per month (\$82 per day), up to 12 months, during the period of hospitalization. Pro-rata payments will be made for periods of less than a full month.

### **Dependent Educational Benefit**

The AD&D plan pays an additional benefit if you die as a result of injuries sustained in an accident that may provide up to \$5,000 for your spouse for one year and/or \$5,000 per year for four years for your child to continue their education.

<b>AD&amp;D Optional</b>	<b>Bi-Weekly cost per \$10,000 of coverage</b>
Employee Only	\$.19
Employee + Family	\$.28

### **Beneficiary Designation for Basic Life Insurance, Business Travel Accident and AD&D Benefits**

You may name anyone as your beneficiary for Basic Life Insurance, Business Travel Accident and Accidental Death & Dismemberment coverage by completing a beneficiary designation form. You may change your beneficiary at any time. If you name more than one beneficiary, they will share equally unless you indicate otherwise. Your beneficiary form for Basic Life, Business Travel Accident and AD & D Benefits must be on file at the Atmos Energy Human Resources office in Dallas to be effective.

If you do not name a beneficiary, or if your beneficiary dies before you, the benefits will be paid to your estate.

- 1. If your spouse or child dies, notify the Human Resources Hotline at 1-972-855-4032. If you die, a family member should call the Hotline.**
- 2. If you lose a limb or your eyesight in an accident, please notify the Human Resources Hotline at 1-972-855-4032. Representatives are available 7:30 a.m. to 4:30 p.m. Central Time - Monday through Friday.**
- 3. Complete and return the appropriate claim forms. A Human Resources representative will send you (or your beneficiary) the necessary paperwork.**

## **Group Variable Universal Life (GVUL) Plan**

Issued by Metropolitan Life Insurance Company

### **Supplemental GVUL Life Insurance Coverage**

- Minimum coverage: \$25,000.
- Supplemental coverage is available in multiples of 1 – 6 times your annual salary. Supplemental coverage up to 6 times your annual salary to \$400,000 is available on a guaranteed issue basis. If you elect supplemental coverage over \$400,000 you will be required to complete a health questionnaire.
- Maximum supplemental coverage: 6 times your annual salary up to \$3,000,000.

### **Spouse Coverage**

- Minimum coverage: \$10,000.
- Spouse coverage is available in \$10,000 increments. Spouse coverage of \$20,000 is available on a guaranteed issue basis. If you elect spouse coverage over \$20,000 you will be required to complete a health questionnaire for your spouse.
- Maximum coverage: \$100,000, not to exceed the employee's coverage.

### **Dependent Child Coverage**

- Coverage is available in amounts of \$2,000, \$5,000 or \$10,000.
- Dependent child(ren) coverage is available on a guaranteed issue basis.

### **Tax-Advantaged Investment Opportunity**

- GVUL offers you the opportunity to contribute extra money for investment that can be used as a tool to help you achieve your financial goals.

**Will Preparation Service**, through Hyatt Legal Plans, a MetLife company is available to participants. This service provides direct access to a participating program attorney for preparing or updating your will and your spouse's will. This service can help you to set forth your decisions concerning who cares for your children or who inherits your property and handles your affairs.

GVUL is permanent coverage that can be continued after employment with Atmos at the same group rates as active employees.

MetLife will mail new employees a welcome packet with detailed information regarding the GVUL plan. Employees have 30 days from the date they are entered into MetLife's system to enroll in the plan.

GVUL is an employee pay all benefit.

***Retirement Benefits***

**Pension Account Plan**

**Retirement Savings Plan – T. Rowe Price**

**Investment Advice – GuidedChoice**

**Retiree Medical**

## Pension Account Plan

The Pension Account Plan (PAP) is Atmos Energy's approach to helping you prepare for the future. With the PAP, you can watch how your benefits build through the years. Your account balance will not be subject to fluctuations in stock prices and the balance will not be reduced. You are eligible to participate in the PAP after the completion of one-year of service.

While you work for Atmos Energy, the Company will set up a pension account in your name. This account will be specifically used to record Company allocations and interest earnings on your behalf. When you leave the Company, if vested, you may choose to receive this benefit in two ways:

- As a lump sum equal to your cash account balance at employment termination; or
- In a series of monthly payments (annuity).

The total amount of your account balance will depend on the number of years you participate, how much money you make during those years, and how your account grows. The Company pays the total cost of the PAP and the plan is insured by the Pension Benefit Guaranty Corporation, an agency of the Federal government.

### Atmos Energy's Allocations to Your Account

While you are employed at Atmos Energy, the Company will make allocations to your account each year based on your age, service and pay, according to the following:

#### Annual Allocation

Age <sup>1</sup> plus Service <sup>2</sup> at Start of Plan Year	Your Compensation	Your Compensation Above Wage Base <sup>3</sup>
Less than 35	2.35%	2.35%
35-49	3.25%	3.25%
50-64	4.5%	4.5%
65-79	6.25%	5%
80-94	8.5%	5%
95+	10.5%	5%

<sup>1</sup>Your age in whole years as of the first day of the Plan Year

<sup>2</sup>Your years of Benefit Service

<sup>3</sup>The social Security Wage Base set each year by the federal government. It is \$110,000 for 2009.



**Example:**

Suppose you are age 35 with 10 years of service and your total pay is \$50,000 a year. Here's how the PAP would calculate your allocation:

\$50,000	Annual pay
	Annual Allocation %
X 3.25%	(age + service = 45)
= \$1,625	Annual Allocation

The Company will post the allocation to your account at the end of each calendar year.

The Internal Revenue Service (IRS) limits the total amount of compensation the PAP may consider each year. The IRS may change the limit from year to year.

**Your Account Earns Interest**

You will earn interest each year there is a balance in your account. Your account will grow until you begin to receive payments.

The interest will be credited at the end of the calendar year based on your account balance at the end of the prior year. The interest rate each year is based on the average of the U.S. Treasury Securities rate in the month of November prior to the beginning of each respective year. The minimum interest rate is 4.69% and the maximum interest rate is 7%.

**You Will Receive Statements**

Your account will be easy to monitor. The annual statement will show you how much the Company has credited to your account and how much interest you have earned. Statements will be mailed each year in March. You can clearly see how your account is growing to provide for your future.

**You May Take Your Vested Account Balance with You**

You will be 100% vested in your account after you complete 3 years of eligibility service. Once you are vested, you are guaranteed a benefit from the PAP. When you leave the Company, you may take your vested account balance with you.

**You Choose How to Collect Your Account**

You may choose to receive your benefit from the PAP:

- In a single, lump-sum payment; or
- You may begin receiving monthly income on your retirement date for as long as you live. If so, you may choose an option that continues payments to your surviving beneficiary when you die.

**Once your payments start, you may not change the payment option.** The value of your benefit will be actuarially equivalent no matter which payment option you choose.

### **Beneficiary Payments**

If you are vested in your accrued benefit and die before the date you normally would start to receive your benefits from the PAP, your beneficiary will be eligible to receive a death benefit. The death benefit is basically the value of your accrued benefit paid in a lump sum or in the form of an annuity. Your beneficiary can elect the form of payment that is best for them.

### **Taxes**

You won't have to pay taxes on your account until you receive payment from the PAP. Federal law does require withholding income taxes from a lump-sum payment. There is one exception. You can postpone paying taxes if you have your account balance rolled over to another employer's qualified retirement plan or an Individual Retirement Account (IRA). You should consult with a tax advisor when choosing your payment option from the PAP.

## **Retirement Savings Plan (RSP)**

There's one more way Atmos Energy can help you prepare for the future: The Retirement Savings Plan (RSP).

### **Immediate Eligibility**

You are immediately eligible to participate in the Atmos Energy RSP and you will be automatically enrolled at 4% if you do not opt out or make a different election within the first 30 days. The Company matching contribution begins after one year of service is completed.

### **Immediate Vesting**

You become "vested" in -- or entitled to -- matching RSP contributions from Atmos Energy as soon as they are made to your account.

### **You Choose How Much You Save**

- You will be automatically enrolled at a deferral rate of 4% unless you make a different election or opt out of the plan. You may elect to defer up to 65% of your pay in the plan.
- The maximum amount that you may contribute is 65% of your pay or \$16,500 in calendar year 2009, if 65% of your pay is greater than \$16,500.
- The RSP also allows participants who will be 50 years of age or older by the end of the calendar year to make catch-up contributions up to the maximum allowed in the respective calendar year. For 2009, the limit is \$5,500.
- Salary reduction elections must be in whole percentages. The amount you choose will automatically be deducted from your paycheck.
- You may change or stop your salary deferral at any time.
- You may change your existing salary-reduction account and your investment mix daily by calling T Rowe Price at 1-800-922-9945 or through the website at <http://rps.troweprice.com>.

### **Atmos Energy Matches Your Contributions**

On the first pay period after the completion of one year of service, you will receive a matching contribution from Atmos Energy for every \$1 you save up to 4% of your pay. So if you save 4%, Atmos Energy will contribute another 4%.

If you reach the maximum deferral before the end of the calendar year, the matching contribution will continue throughout the remainder of the plan year to ensure you receive the maximum match on your contributions available. In other words, the match will continue even though you are not making a salary-reduction contribution because you have reached the IRS maximum contribution level.

- This information serves as official notice as required by the Internal Revenue Code (Code). Since Atmos Energy's Retirement Savings Plan contains matching contribution provisions that meet the safe harbor rules established by the Code, it is exempt from the general nondiscrimination rules contained in Code Sections 401(k)(3) and 401(m)(2).

### **You Choose Your Investments**

You may direct the investment of all your salary reduction contributions, including the amount that is matched, to the several investment options. If you do not direct the investment of your salary reduction contributions, they will automatically be invested in the T. Rowe Price Retirement Fund that most closely matches your retirement age. Atmos Energy's matching contributions are always made in Atmos Energy stock but may be diversified as soon as they are posted to your account.

You may elect to trade your investments in Atmos Energy common stock or any of the other funds on a daily basis in accordance with trading guidelines.

The Plan offers T. Rowe Price Mutual Funds, T. Rowe Price Retirement Funds one outside fund and Atmos Energy stock as investment options. The funds are summarized in the enrollment kit you will receive from T. Rowe Price or you can view them at <http://rps.troweprice.com>.

### **Change Your Investment Direction or Investment Mix**

You may change the investment direction of your salary deferrals and transfer funds attributable to your salary reduction contributions and the Company's contributions in and out of Atmos Energy stock and the RSP investments at any time by contacting T. Rowe Price by telephone or through their website at <http://rps.troweprice.com>.

### **Reinvestment of Dividends**

Dividends received from your Atmos Energy stock investments will be automatically reinvested in Atmos Energy stock unless you elect to receive them in cash. The amounts will **not** count towards your maximum contribution amount of \$16,500 for 2009.

You will need to contact T. Rowe Price on the Plan Account Line (1-800-922-9945) to elect to receive your dividends in cash. If you receive your dividends in cash, no taxes will be taken out and you will need to add the cash received to your income to determine the income taxes you owe. T. Rowe Price will issue a 1099 form for all dividends distributed directly to participants.

### **You May Borrow From Your Account**

- You may take out a loan against your RSP account balance, and pay yourself back, with interest, over time.
- You may have a maximum of two loans outstanding at any given time.
- The minimum loan amount is \$1,000 and the maximum loan amount is \$50,000; however, the maximum amount of your loan or loans that may be outstanding at any one time cannot exceed 50% of your account balance.
- The minimum loan repayment period is 1 year and, if your loan is for personal reasons, the maximum repayment period is 5 years. If your loan is to be used to purchase your principal residence, the maximum term of your loan is 15 years.

The loan's interest rate will be the prime rate in effect on the date you take out your loan plus 2%. The loan's interest rate when the loan is initiated will remain in effect for the entire term of the loan. Contact T. Rowe Price directly to find out more about the RSP's loan features and to apply for a loan.

### **You Can Easily Keep Track of Your Account**

You may contact T. Rowe Price by telephone or through <http://rps.troweprice.com>. Quarterly statements will be sent to your home by T. Rowe Price.

### **How to Enroll**

An RSP enrollment kit will be sent to you from T. Rowe Price with more detailed information and enrollment forms. You may also contact T. Rowe Price by calling 1-800-922-9945 or visiting the myRetirementPlan website at <http://rps.troweprice.com> for more information.

### **Rollovers**

To roll over your current 401K account balance, complete the "Rollover Contribution Transfer Form" included in your enrollment kit from T. Rowe Price.

## Investment Advice – GuidedChoice

We are pleased to offer GuidedChoice, an investment advice provider that has developed a unique product to help Atmos Retirement Savings Plan (RSP) participants plan for retirement. This program provides objective, personalized retirement guidance for free or advice and management of your Retirement Savings Plan (RSP) account for an affordable annual fee.

### How to Enroll

You will need to first enroll in the RSP by following the instructions in your T. Rowe Price enrollment kit. Initially, you can choose to have your investment mix default to the T. Rowe Price Retirement Fund until you have gone through the GuidedChoice program. Or you may wait until you are automatically enrolled in the RSP after 30 days.

Once you have enrolled in the RSP, you can always contact GuidedChoice toll free at 800-242-6182, or log on through the Company's Intranet - Links Section, or connect directly to [www.guidedchoice.com](http://www.guidedchoice.com) to make new elections, change current elections or update your personal information.

### *A few things to keep in mind about the GuidedChoice program:*

This is a live system and once you make an election online or over the phone, it will go into effect with the weekly file that GuidedChoice sends to T. Rowe Price. You are free to enter your information and manipulate the data as much as you would like up to the screen that says "accept advice". Until that point, no changes will be made. **But, once you click the "accept advice" button, it is a live election and will be transmitted to T. Rowe Price and Atmos.**

Investment mix changes go into effect as soon as the weekly update file is received by T. Rowe Price. Salary deferral changes may take up to two pay cycles to affect your paycheck because update files are sent from T. Rowe Price to Atmos on a bi-weekly basis.

If you elect to have GuidedChoice manage your account, you cannot make changes through T. Rowe Price. You have to contact GuidedChoice to make your election.

If at any point you no longer wish to have GuidedChoice manage your account, simply call them to remove them as your advice provider. You will then be able to make changes through T. Rowe Price again.

If you choose to accept advice, the initial fee is prorated based on when you elected advice and the number of days remaining until the plan's anniversary date, each February 21st. The fee is 0.35% (or \$3.50 per \$1,000) of your RSP account balance up to a maximum of \$100,000, not including the value of any Atmos stock. The full annual

amount is deducted from your RSP account each February 21st thereafter. Once the fee is deducted from your account, it will not be refunded.

### **Retiree Medical Benefits**

Participation in Atmos Energy's Retiree Medical Plan is available to all Atmos Energy non-union employees who have completed 10 consecutive years of service as a full-time employee after reaching age 45. Retirees may defer participation in the Retiree Medical Plan until age 65. The employee's spouse and eligible dependents are eligible to participate in the Retiree Medical Plan. Contributions to the plan will be deducted from the retiree's monthly pension payment if this form of benefit payment is elected. In cases where the retiree receives his/her pension benefit in a lump sum, the retiree will be billed for contributions and will be responsible for remitting the required contributions to the billing service provider.

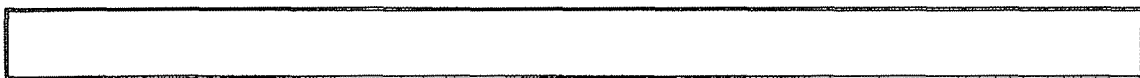
The Retiree Medical Plan has the same plan options, coverage levels and plan provisions as contained in the active employee medical plan. Contribution rates for the plan options and coverage levels available in the Retiree Medical Plan will be determined, like the active medical plan, using both projected net claims and administrative costs. Atmos Energy's share will be 80% of this amount and the retirees' share will be 20% of this amount.

Medicare eligible retirees are separated to determine the contribution rates based on this group's claims and administrative costs.

Additionally, based on the retiree's age at retirement, a contribution add-on factor will be applied to the contribution rate in effect for the retiree's elected coverage. This add-on factor will not change as the retiree gets older ... it is set at the time of retirement. These factors are as follows:

<b>Age at Retirement</b>	<b>Factor</b>
55	24%
56	20%
57	16%
58	12%
59	8%
60	4%
61	2%
62+	0

Dental and life insurance benefits are not available for retirees, but may be continued for up to 18 months under COBRA following retirement.





## ***Work/Life Benefits***

**Time Off**

**Holidays**

**Paid Time Off**

**Extended Illness Bank**

**Short Term Disability**

**Long Term Disability**

**Workers Compensation**

**Synchrony**

**Bereavement**

**Jury Duty/Witness/Voting**

**Military Leave**

**Service Awards**



## **Bereavement**

*Up to five days of bereavement leave are available to*

- ◆ attend services and assist in matters related to the death of your wife, husband, child, father, stepfather, father-in-law, mother, stepmother, or mother-in-law

*Up to three days of bereavement leave are available to*

- ◆ attend services and assist in matters related to the death of your son-in-law, daughter-in-law, sister, sister-in-law, brother, brother-in-law, grandparents, or grandchildren of you or your spouse.

## **Jury Duty, Witness and Voting Leave**

*Time needed to fulfill civic responsibility is available to*

- serve on a jury as a result of a court summons, to appear as a witness in a trial, or to vote in public elections when you cannot vote before or after work or cannot vote on an absentee basis

## **Military Leave**

Atmos Energy provides paid military leave when you are called to active duty or active duty for training in the Armed Forces of the United States or unpaid military leave when you enlist or are inducted in the Armed Forces of the United States.

When on paid or unpaid military leave of absence you may return to active employment at the same rate of pay and with all seniority, service credits and status that you would have enjoyed if not for the leave, provided you meet the criteria outlined in the Military Leave policy.

For employees on paid military leave as described above, Atmos will make up the difference, if any, between the employee's basic military pay received while on active duty and the employee's base salary at Atmos.

Employees on military leave may continue to participate in the Atmos medical and dental plans so their dependents will continue to be covered. Since the employee will have medical coverage provided by the military, we will reduce Atmos' medical contributions by one level for the duration of the leave. For example: Employee + family while an active employee to employee + children while on MLA.

Service time will continue to accrue for participation, vesting and benefits in the Pension Account Plan. Employer provided life insurance will be maintained.

Adopt-a-Family will be put in place whereby employees from the division or department of the employee called into service will assist the employee's family while the called-up employee is on active duty.

### **Paid Time Off (PTO)**

The PTO program consolidates vacation, sick leave, family member illness and personal time into an integrated program. Under the PTO program you receive a number of PTO days based on how long you've worked for the Company. This program gives you the freedom and flexibility to take off for whatever reason you want. Time off must be scheduled in advance with your supervisor whenever possible.

PTO benefits will be substituted for unpaid Family / Medical Leave (FMLA)

<b>Years of Service in Upcoming Benefit Year</b>	<b>PTO Hours Accrued per Bi-Weekly Paycheck</b>	<b>Annual Equivalent</b>
Year of Hire	3.69*	Based on date of hire, up to 12 days
1-4	4.62	120 hours (15 days)
5 - 9	6.15	160 hours (20 days)
10 - 19	7.69	200 hours (25 days)
20+	9.23	240 hours (30 days)

\* Per bi-weekly pay period, from date of hire through December 31 of your year of hire. On the first January 1 after your date of hire, you begin to accrue PTO at 4.62 hours per pay period.

The Plan allows for up to 40 hours unused PTO days to be carried over to the next year. Any unused PTO days in excess of 40 hours on December 31 of each year will be rolled into your Extended Illness Bank (EIB).

If you leave Atmos:

- You will be paid for any accrued PTO that you have not used as of your date of termination.
- If you have used more PTO than you have accrued as of your date of termination, the value of the amount of PTO used in excess of your accrual will be deducted from your final paycheck.

### **PTO Donation**

You may donate any accrued but unused PTO to the PTO Donation Bank to be available for employees who apply to use donated PTO. Donated PTO is only available to an employee who has exhausted their full annual accrual of PTO and all EIB benefits and who face an extreme financial hardship due to their non-work related illness or injury or the serious health condition of an immediate family member. A corporate Vice-President or division President must approve the use of donated PTO.

### **Extended Illness Bank (EIB)**

The Extended Illness Bank (EIB) benefits, provided at 100% of base pay, may be used for your serious health condition. The extended illness bank includes unused PTO from prior years in excess of the 40-hour carry-over limit.

Once you are approved for short-term disability benefits, you may elect to substitute EIB benefits for the five days of PTO used for the short-term disability-waiting period. If you decide to do this, your PTO balance will be credited with five days and five days will be deducted from your EIB.

There is no cap on the number of days that may accrue in your EIB. When you terminate employment for any reason, your EIB balance will be forfeited.

### **Short-Term Disability**

You are automatically covered under the Short-Term Disability Plan on date of employment if you are a regular full-time employee. You receive benefits under the plan on the sixth work day you are absent from work due to illness or a non-work related injury. PTO can be used to cover the 5-day waiting period. If approved for STD, EIB can be used to cover the 5-day waiting period. If benefits are not available from your PTO or Extended Illness Bank (EIB), STD benefits will be paid at 70% of base pay after the 5-day waiting period.

If you receive short-term disability (STD) benefits, return to work, and have a relapse of the same illness within 30 days, you can begin receiving STD benefits immediately.

### **Long-Term Disability**

You are automatically covered under the Long-Term Disability (LTD) Plan on date of employment if you are a full-time employee. You may receive benefits under the plan after you have been disabled for 180 calendar days.

If you become eligible for a benefit, the plan pays a benefit of 60% of your base monthly pay, up to a monthly maximum of \$10,000. Benefits are offset by other sources of disability income, including Social Security, Workers' Compensation, pension and state disability benefits, if any. Benefits end when you no longer meet the definition of disability or reach age 65, if the disability occurred before age 60.

<p><b>Extended Illness Bank (EIB), Short-Term Disability (STD), and Long-Term Disability (LTD) benefits require approval by Synchrony, the disability program administrator. Details of how to report workers' compensation and disability claims are provided at the end of this section.</b></p>
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### **Definition of Disability**

"Disabled" or "disability" means that, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of such treatment on a continuing basis, and:

- During your elimination period and the next 24-month period, you are unable to earn more than 80% of your pre-disability earnings or indexed pre-disability earnings at your own occupation for any employer in your local economy; or
- You must be approved for disability benefits under the Federal Social Security Act for your sickness or accidental injury in order to continue to receive benefits after the first 24 months.

The plan has a combined 24-month cap for mental/nervous, drug/alcohol and neuromusculoskeletal for self reported soft tissue claims.

### **Workers' Compensation**

Benefits for a work related injury or illness are determined by the Workers' Compensation Policy in accordance with state specific workers' compensation laws.

### **Synchrony**

Atmos Energy has an integrated disability program that is administered by Synchrony. This program is managed by Metlife (Disability) and St. Paul/Travelers Insurance (Workers' Compensation). Case managers at Synchrony manage all disability, Workers' Compensation and Family and Medical Leave claims. Case managers work together to coordinate disability and workers' compensation benefits when applicable.

## **How to Report a Claim**

- 1. Immediately notify your supervisor or manager that you are sick or injured regardless of whether your illness or injury occurred on or off the job.*
2. Your supervisor should call Synchrony at 1-888-972-6670 for all work related injuries or illnesses.
3. You should call Synchrony at 1-888-972-6670 for non-work related absences if the absence will be more than five days.
4. Synchrony's case managers, nurses and doctors will work with you and your doctor during your illness or injury and notify Atmos' payroll of your eligibility for benefits.
5. Synchrony will maintain contact with you during your absence to monitor your situation and continued eligibility for benefits.
6. Your case manager at Synchrony will send you the necessary forms to complete. They will provide you with instructions on where to return the forms.
7. Call Synchrony at 1-888-972-6670 if at any time you have any questions about your claim or benefits.

## **Service Awards**

The Atmos Energy Service Awards program recognizes service milestones in 5 year increments. You may order an award during the year in which you reach a 5 year milestone. Divisions hold functions each year based on what works best for employees in the division to recognize those employees reaching a milestone.

# Learning & Development and Work Environment

## Total Rewards

Total Rewards is a program that will help us realize our vision. It provides a framework for delivering the rewards you expect and deserve. It represents a joint effort — you and the company — working together to build a winning organization.

*It is designed to equip and inspire, motivate and reward.*

Total Rewards consists of four components — Pay, Benefits, Learning & Development and Work Environment. You've already been introduced to the Pay and Benefits segments. Pay and Benefits are obvious rewards. We have a competitive pay program that rewards our talented, motivated employees. And our comprehensive benefits package helps you protect your family's security. These rewards are tangible ... easy to recognize and measure.

The other two parts of Total Rewards — Learning & Development and Work Environment — are different. They are about relationships — interactive and constantly evolving. They put the “total” in Total Rewards and make the Deal possible. But these two elements of Total Rewards need your involvement. These are areas where you truly make a difference.

*Learning & Development and Work Environment — are about building on relationships and personal accountability — interactive and constantly evolving.*



## Learning & Development

No matter what your job is or where you are in your career, you want to continue to grow and be challenged. It's good for you and it's good for the company. That's why we make it a shared responsibility. The Atmos Energy Learning & Development strategy offers you access to a broad range of learning opportunities and tools that can help give you a more productive career.

We'll continue to move toward building a stronger company by building stronger employees. We'll focus attention in areas that help you increase your skills and your commitment to Atmos Energy. We'll look for areas that need improvement. And we'll look for the best ways to give you the tools and skills you need to change and grow.

Our Performance Management process will help identify needs and plan for development. With the system, your career development becomes an ongoing process ... and a joint effort. You won't just get an annual appraisal. You'll partner with your supervisor to set your goals, discuss your development and evaluate your performance. You'll get coaching, feedback and opportunities for growth.

You will also participate in a leadership development program AtmoSpirit — a way to help you understand your style, grow as a leader and become a better team player. As we move forward, we'll continue to refine our vision and provide whatever it takes to develop leaders at all levels.

Finally, we're working on ways to help everyone understand the big picture — Atmos Energy's competitive environment, our strategy to succeed in that environment — and where you fit in. We'll help you understand how what you do each day contributes to success.

## Educational Assistance

Atmos Energy Corporation provides educational assistance to encourage and assist employees in their efforts to further their formal education that is job related and could enhance their effectiveness in their present position or prepare them for greater responsibilities in the future.

The benefits of this plan are available to all regular full-time employees and to part-time employees at a reduced amount.

## **Approved Courses**

1. Approved courses must be completed at accredited schools or institutions.
2. It is intended that this plan provide a mutual benefit to the Company and the participating employee. Therefore, the following types of courses are approved under the plan:
  - a. Courses that improve or develop the skills necessary for the employee's current job;
  - b. Courses that prepare individuals for professional certifications;
  - b. Courses that develop skills and knowledge necessary for employees to prepare for advancement in a reasonably predictable future position with the Company.
  - c. Courses that are part of a degree plan for a degree that is related to work at Atmos Energy. If the college requires the employee to take certain courses as part of a plan to receive a degree that relates to a current or reasonable predictable future position for that employee, that course is covered under the plan. An employee may be required to submit a copy of his/her degree plan to determine if the degree relates to work at Atmos Energy.
2. Educational assistance will apply to undergraduate and advanced degree programs, correspondence courses, certification programs and vocational/technical programs that are taken during non-work hours.
3. Basic skill development courses in areas such as reading, writing and mathematics are covered under the plan when the courses are part of an accredited program and/or taught by certified teachers. These types of courses may be taken to improve skills for the current job, to prepare for advancement or as part of a high school equivalency (GED) program.

## **Approved Expenses**

The plan provides 100% reimbursement for the following expenses up to \$3000 per year per full-time employee and up to \$1500 per year per part-time employee:

- a. tuition fees;
- b. textbooks/workbooks;
- c. registration and student fees;
- d. building use fees; and,
- e. laboratory fees.

## **Work Environment**

The role of the Work Environment Quadrant is to motivate and retain employees.

### **Teamwork and Trust and Respect**

These components of Work Environment encompass the following:

- **The Deal**, which we talked about earlier in the presentation.
- **Atmos Values**
  - Employee Focus
  - Customer Focus
  - Honesty & Integrity
  - Value Creation
  - Enterprise Thinking

These values are achievable only if we work together.

### **Communications**

Methods of Communications between the company, its management and all employees include:

- **Atmosphere Intranet**
- **AtmoSpeak**
- **EMPCOM's**
- **Atmos Monthly**
- **Visions**
- **Employee Broadcasts**

### **Safety**

Atmos is committed to safety:

- By providing a safe, healthy and stable work environment for all employees
- By delivering safe, efficient and affordable service to our customers
- By complying with federal, state and local regulations that pertain to our daily operations
- By enhancing general public safety through safe work practices

### **Policies, Procedures & Standards**

Written policies and procedures are established to provide guidelines for the relationship between Atmos Energy and its employees. They can be found, in their entirety, on the Intranet under Docs/Human Resources.

The following **General Provisions** apply to all Human Resources policies and procedures:

- **Confidentiality** – Only those Company officials who, on a case-by-case basis, have a need to know
- **Condition of employment** – Compliance with the Company policies is a condition of employment
- **Documentation** – Knowingly falsifying any Company document will be subject to disciplinary action
- **Exceptions** – Requests made through management in writing to the appropriate level, up to Bob Best
- **Legal** – If any portion of a policy conflicts with any Federal or state law or regulation, that portion will be void
- **Reservation of Rights** – The Company reserves the rights to interpret, modify, eliminate or add to the provisions of any policy in whole or in part at any time.
- **Role of Human Resources** – To partner with management to facilitate appropriate and consistent application of the policies, and to coach and guide employees
- **Scope** – Policies apply to all employees and may be applicable to applicants

### **Equal Employment Opportunity**

The Company will take all appropriate steps to ensure applicants and employees are treated fairly in all aspects of employment through full and voluntary compliance with Federal, state and local statutes.

### **Affirmative Action Plan**

Atmos Energy has a number of federal contracts and subcontracts and is required to maintain an Affirmative Action Plan.

### **Americans with Disabilities Act (ADA) – Accommodation Procedures**

Approval authority is based on expenditure approval limits. Good Faith effort accommodation when deemed necessary. To request an accommodation, utilize the *Job Accommodation Request*. The form is on the Intranet.

### **Behavior and Conduct**

Employees are to:

- Promptly, and to the best of their ability, carry out work-related requests and assignments
- Treat others with respect, honesty and integrity
- Cooperate with management, fellow employees and the public
- Follow safety rules and public laws
- Create a harassment-free workplace
- Support team members by keeping to assigned work schedules
- Use Company time, funds and property productively

- Use confidential information consistent with assigned job responsibilities
- Follow Company policies and procedures

### **Driver Qualifications Policy**

Provisions for designated drivers will be discussed in the Safety section.

### **Email and Internet Usage**

The company does not monitor email or internet usage, but keep in mind all communication transmitted and received and web activity is company property and can be reviewed if necessary.

### **Employee Problem-Solving Policy**

Encourages the continued practice of open communications at all levels of the organization whether exchanging ideas or resolving problems. The employee may proceed to the next level of supervision, up to and including the division President, should resolution not be obtained initially.

### **Employee Selection Policy**

Review and apply for a posted job by going to the Intranet and clicking on Jobs from the top menu. Positions may be recruited concurrently from internal and external sources for all positions. Team/panel interviews are typical for most positions.

### **Employment of Relatives**

The policy defines applicable relatives and line-of-authority and provides methods for addressing various situations.

### **Inclement Weather**

After considering current and forecasted weather conditions, current and forecasted road conditions, employee and public safety and continued services/operations, local management will identify what services and operations are primary and advise each employee if he is required to work in order to maintain business critical services and operations.

### **Information Collection and Management**

Atmos Energy respects the privacy of employees and protects the confidentiality of personnel records. The company reserves the right to verify information pertaining to an applicant's or an employee's credentials. Supervisors and employees should not provide employment-related information on current or former employees.

## **Progressive Discipline**

Disciplinary action utilizes the following four measures:

- Verbal Warning
- Written Warning
- Final Warning
- Termination of Employment

Steps may be repeated or skipped as appropriate to the situation.

## **Sexual Harassment**

The Sexual Harassment Policy describes sexual harassment and the procedures for reporting claims. Supervisors have the responsibility to ensure that employees enjoy a hostile-free work environment. All reported claims are investigated promptly and thoroughly, maintaining confidentiality of the employee reporting the incident and individuals involved in the investigation.

## **Solicitation Policy**

Local management determines what is allowable solicitation. It is the responsibility of local management to control all solicitations so that there will be no interruption or interference with the work being performed. Any time the company allows solicitation, we (the company) open ourselves up to union organization.

## **Termination Policy**

This policy discusses the types of terminations, as follows:

- Voluntary terminations
- Involuntary terminations

It also outlines the Exit Interview Process and Payments.

## **Weapons Policy**

Employees are prohibited from possessing, carrying and/or using weapons, at any time while engaged in Company business, while on Company premises, while in a Company vehicle and/or a Company uniform.

## **Creating a Culture of Appreciation**

Everyone at Atmos Energy is involved in creating our work environment. It will be what we make it. The Total Rewards Work Environment initiative is designed to help us all do our part to make ours a work environment that makes you want to do your best. An environment that encourages:

We'll all be contributing to this effort. Leadership will be setting the example, but to be successful, everyone must take part.

We've already started a program to encourage diversity. Our goal is to create a culture that respects and appreciates diversity and recognizes that valuing people makes Atmos Energy an "Employer of Choice." Diversity refers to all kinds of differences in people — not just obvious, physical differences, but differences in ways of thinking. We all have a natural tendency to respond positively to people who are like us and discount those who are not. Respecting and appreciating diversity requires us to overcome that tendency. We must not only accept our differences — we must capitalize on those differences to help solve business problems.

We'll be working on more ways to improve our work environment. We'll be doing everything we can do to open channels of communication. We want to continue to improve attitudes and morale. Together, we'll work to create an environment that will help you be as good as you can be — an environment for success.

## **Performance Management**

We believe everyone benefits when supervisors and employees work together to improve performance. It seems like a simple concept, but it's actually a new way of thinking. Our Performance Management program encourages feedback, coaching and career planning.

Performance Management is an ongoing process. You'll take an active role as you meet regularly with your supervisor to discuss what you are doing and what you need to do to improve. Together, you will set your goals, discuss your development and evaluate your performance. Communication is two-way and includes open, honest and constructive feedback. You'll know where you've been, where you're going and how to get there.

We'll start by focusing on building the relationship between you and your supervisor. You'll begin by meeting with your supervisor to set your individual goals and plan development. Together, you'll evaluate your current performance. Then you'll identify specific performance expectations and you'll discuss and plan for your development. You'll have ongoing updates, coaching and feedback. You and your supervisor will work together to check your results and evaluate your performance.

When you set your performance expectations, you and your supervisor will make sure your goals are SMART:

<b>Specific</b>	Specific actions are tasks focused on a particular situation
<b>Measurable</b>	Ways to know you've reached specific levels of accomplishment
<b>Accountable &amp; Attainable</b>	Reasonable accomplishments that reflect performance within your responsibility and control
<b>Relevant</b>	Accomplishments that are aligned with the organization's objectives
<b>Time-framed</b>	Accomplishments within a specific period of time

We'll take the next step and link individual goals to division or team goals, and ultimately to Atmos Energy's overall objectives. As you begin to see how your performance impacts the company and business results, you'll be ready to set new individual goals and begin a new cycle — another step in the ongoing process of learning and growing.

## **Building a Winning Team**

When you look at a house, the first thing you notice is how it looks — things like style, number of rooms, wall coverings, type of carpet, maybe the landscaping. But if you seriously consider buying that house, you want to know if it has a solid foundation. If it doesn't, you don't want the house — no matter how good it looks.

When you look at a company, you may look first at pay and benefits. But what is it really like working there? Do you want to invest your time there? The best way to know is to look at the foundation — Learning & Development and Work Environment.

It takes everyone working together to lay this foundation. The company provides the tools and resources. But it's up to you to use them. With each person taking an active role — sharing the responsibilities and the rewards — we can build a winning organization.



## **The Last Word**

This booklet is provided to help you understand your benefit plans. The Company reserves the right to amend, suspend, or terminate these programs, in whole or in part, from time to time at its sole discretion.

This is a brief overview of your benefits; it is not a complete description of benefits. You will receive benefit booklets fully describing your benefits at a later date.

*Atmos Energy Corporation*  
*Atmos Energy Corporation Pension Account Plan*

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**Actuarial Valuation Report**

**Pension Cost for Fiscal Year Ending September 30, 2009**

**Employer Contributions for Plan Year Beginning January 1, 2008**

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*October 2008*

This report is confidential and intended solely for the information and benefit of the immediate recipient thereof. It may not be distributed to a third party unless expressly allowed under the "Actuarial Certification, Reliance and Distribution" section herein.



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## ***Management Summary of Valuation Results***

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## Financial Results

This report summarizes financial results for Atmos Energy Corporation's Atmos Energy Corporation Pension Account Plan based on actuarial valuations for Fiscal 2009 (fiscal year ending September 30, 2009), Fiscal 2008, Plan Year 2008 and Plan Year 2007.

<b>FAS 87 Pension Cost*</b>	<b>Fiscal 2009†</b>	<b>Fiscal 2008</b>
Amount	\$ 14,290,830	\$ 14,304,306
<b>FAS 87 Funded Position</b>	<b>October 1, 2008</b>	<b>July 1, 2007</b>
Accumulated benefit obligation [ABO]	\$ 300,416,709	\$ 315,194,661
Projected benefit obligation [PBO]	305,804,582	322,312,266
Fair value of assets [FV]	295,280,983	378,097,090
Overfunded (underfunded) PBO	(10,523,599)	55,784,824
PBO funded percentage [FV ÷ PBO]	96.6%	117.3%
<b>Employer Contributions</b>	<b>Plan Year 2008</b>	<b>Plan Year 2007</b>
Minimum funding requirement	\$ 12,280,858	\$ 0
Remaining cash requirement (assuming sponsor elects full use of available credit balance)	0	0
Maximum deductible contribution	141,793,435	151,212,868
<b>ERISA Funded Position</b>	<b>January 1, 2008</b>	<b>January 1, 2007</b>
Funding target	\$ 326,292,765	\$ 320,053,412‡
Net actuarial value of assets	309,092,726	N/A
Funding shortfall/(excess assets)	17,200,039	N/A
Funding target attainment percentage	113.1%	N/A
Adjusted funding target attainment percentage	113.1%	N/A
Actuarial value of assets	369,039,848	335,949,438
Actuarial value of asset as a percentage of funding target	113.1%	105.0%

\* Excludes amounts recognized for settlements and/or curtailments.

† To comply with FAS 158, Atmos eliminated use of an early measurement date by using the Remeasurement Approach. The net effect to retained earnings was an income of \$3,510,415.

‡ Results for 2007 are based on the plan's current liability.



## **FAS 87 Pension Cost and Funded Position**

The cost of the pension plan is determined in accordance with FAS 87. The Fiscal 2009 pension cost for the plan is \$14,290,830, or 6.3% of covered pay, excluding amounts recognized for settlements and/or curtailments.

Under FAS 87, as amended by FAS 158, the projected benefit obligation (PBO) funded status of each pension plan at the plan's measurement date is required to be reported as an asset (for overfunded plans) or a liability (for underfunded plans). The PBO is the actuarial present value of benefits attributed to service rendered prior to the measurement date, measured using expected future pay increases for pay-related plans. The plan's underfunded PBO as of September 30, 2008 was \$(10,523,599), based on the fair value of plan assets of 295,280,983 and the PBO of \$305,804,582.

Fiscal year-end financial reporting and disclosures are prepared before detailed participant data and the full valuation results are available. Therefore, the September 30, 2008 postretirement benefit asset (liability) was derived from the January 1, 2008 valuation results. The September 30, 2009 financial reporting information will be developed based on the results of the January 1, 2009 valuation, rolled forward and adjusted for the year-end discount rate and asset values, as well as significant changes in plan provisions and participant population.

## Change in Pension Cost and Underfunded (Overfunded) PBO

The pension cost decreased from \$14,304,306 in fiscal 2008 to \$14,290,830 in fiscal 2009 and the funded position decreased from an overfunding of \$55,784,824 on July 1, 2007 to an underfunding of \$10,523,599 July 1, 2008, as set forth below:

	Pension Cost	Funded Position
Prior year	\$ 14,304,306	\$(55,784,824)
Change due to:		
▶ Expected based on prior valuation	381,520	8,718,674
▶ Loss (gain) from noninvestment experience	381,279	1,514,353
▶ Loss (gain) from asset experience	(1,015,505)	45,660,528
▶ Assumption changes	(274,179)	(8,367,480)
▶ Plan amendments	264,239	261,336
▶ Effect of Adopting 158	249,170	16,004,412
▶ Remeasure effect	<u>N/A</u>	<u>2,516,600</u>
Current year	\$ 14,290,830	\$ 10,523,599

Significant reasons for these changes include the following:

- ▶ The return on the fair value of plan assets since the prior measurement date was less than expected, which decreased the overfunded PBO.
- ▶ The return on the market-related value of plan assets, which reflects gradual recognition of asset gains and losses over the past five years, was less than expected, which increased the pension cost.
- ▶ The discount rate increased 127 basis points (from 6.30% to 7.57%) compared to the prior year, which decreased the pension cost and increased the overfunded PBO.

## History of Pension Cost

<b>History of Pension Cost</b>			
-----Pension cost-----			
<i>Fiscal year</i>	<i>Amount</i>	<i>Percent of covered pay</i>	<i>Discount rate</i>
2009	\$ 14,290,830	6.3%	7.57%
2008	14,304,306	6.6	6.30
2007	15,960,431	7.8	6.30
2006	14,443,373	7.9	5.00
2005	6,876,645	3.8	6.25

The allocation of fiscal 2009 pension cost to each business unit is shown in the table below:

<b>Business Unit</b>	<b>Fiscal 2009 Pension Cost</b>
Atmos Pipeline & Storage	\$ 294,357
Colorado - Kansas	993,731
Kentucky	0
Louisiana	1,352,569
Mid States	2,150,819
Mid Tex	4,795,207
MVG	696,637
Power Systems	22,998
Shared Services	2,875,397
West Texas	1,109,115
<b>Total</b>	<b>14,290,830</b>

The pension cost is allocated in proportion to the payroll of each business unit.

## **Employer Contributions and ERISA Funded Position**

Under the Pension Protection Act of 2006 (PPA), the funded position is measured by comparing the actuarial value of assets, reduced by the plan's credit balance, with the funding target. The amount by which the funding target exceeds the net actuarial value of assets is the plan's funding shortfall. If the net actuarial value of assets exceeds the funding target, the difference is the plan's excess assets. The actuarial value of assets is equal to the fair market value. The funding target is the present value of benefits accrued or earned as of the valuation date. The target normal cost is the present value of benefits expected to be earned during the plan year. Plans that do not meet certain funded status criteria are considered to be at-risk and are required to use specific actuarial assumptions, and in some cases additional loads, that will generally increase the funding target and target normal cost.

The plan's actuarial value of assets, including the credit balance, is 113.1% of the funding target as of January 1, 2008. This percentage is based on an actuarial value of assets of \$369,039,848 and a funding target of \$326,292,765. After reducing the assets by the credit balance, the plan's funding shortfall is \$17,200,039 as of January 1, 2008.

The minimum funding requirement under the PPA is generally equal to the target normal cost plus amortization of the plan's funding shortfall and any funding waivers. For overfunded plans, the minimum funding requirement is reduced by the amount of the plan's excess assets. The minimum funding requirement for 2008 is \$12,280,858, or 5.4% of covered pay.

Plan sponsors that have in the past contributed more than the minimum may have a credit balance. Sponsors can elect to apply the plan's credit balance to offset the minimum funding requirement if certain other requirements are met. If Atmos Energy Corporation elects to fully apply its available credit balance, the remaining cash requirement is \$0, or 0.0% of covered pay.

The maximum deductible contribution under the PPA is generally equal to 150% of the funding target, plus the target normal cost, plus an allowance for future pay or benefit increases, less the actuarial value of assets. For plans that are not at-risk, the deductible limit will not be less than the unfunded funding target plus the target normal cost, both determined as if the plan were at-risk. For all plans, the deductible limit will not be less than the minimum funding requirement. The maximum deductible contribution for the plan is \$141,793,435, or 62.2% of covered pay.

**History of Employer Contributions and ERISA Funded Position  
and Current Year's Funding Range**

----- Employer contributions -----

<i>Year</i>	<i>Amount</i>	<i>Percent of covered pay</i>	<i>AVA as a % of funding target*</i>	<i>Effective interest rate*</i>
2008:				
▶ Minimum**	\$ 0	0%	113.1%	6.12%
▶ Maximum	141,793,435	62.2		
2007	0	0.0	105.0	5.78
2006	0	0.0	107.7	5.77
2005	0	0.0	111.6	6.10
2004	3,000,000	2.6	115.7	6.55

\* Results prior to 2008 are based on the plan's current liability.

\*\* Remaining cash requirement assuming sponsor elects full use of available credit balance.

### Timing of Contributions

If a plan has a funding shortfall for the current plan year, quarterly contributions will be required in the following plan year. Because the plan has a funding shortfall, quarterly contributions for the 2009 plan year will be required but will not exceed \$3,070,215 per payment, based on this year's valuation results.

The minimum required contribution for the 2008 plan year must be satisfied by September 15 (following). This requirement may be satisfied through contributions and/or an election to apply available credit balance. No quarterly installments are required.

The minimum funding schedule, before reflecting any credit balance elections, is shown below:

April 15	\$ 0
July 15	0
October 15	0
January 15 (following)	0
September 15 (following)	13,590,018

Quarterly contributions for 2008 are based on the required contribution for 2007 or 2008, whichever is more favorable.

## **Benefit Limitations**

Under the PPA, a plan may become subject to various benefit limitations if its funded status falls below certain thresholds. Plan amendments that increase benefits are prohibited if the effect of the amendment would be to reduce the adjusted funding target attainment percentage (AFTAP) below 80%. Benefit accruals must cease and shutdown benefits are prohibited if the AFTAP falls below 60%. To avoid these benefit limitations, a plan sponsor may either contribute certain additional amounts for the current plan year or provide security outside the plan.

Plans are prohibited from paying lump sums or other accelerated forms of distribution if the AFTAP is below 60%, and only reduced amounts are allowed to be paid if the AFTAP is between 60% and 80%.

The AFTAP for 2008 is 113.1% as of January 1, 2008.

## **PBGC Reporting Requirements**

For plan years beginning after 2006, the PPA eliminated the PBGC participant notification requirements for plans that are required to pay a PBGC variable premium and have a funded percentage below a specified "gateway" percentage. For plan years beginning in 2008, all defined benefit plans subject to Title IV of ERISA are required to issue annual funding notices (due 120 days after the end of the plan year).

With respect to reporting years beginning before 2008, additional financial and actuarial information must be provided to the PBGC if, at the end of the year, all defined benefit plans within the controlled group have an unfunded vested liability of \$50 million or more using assumptions mandated by the PBGC.

As of December 31, 2007, unfunded vested liabilities for all defined benefit plans within the controlled group were less than \$50 million. Consequently, reporting of additional financial and actuarial information was not required.

For reporting years beginning after 2007, the PPA changed the \$50 million threshold. A filing will now be required if the funding target attainment percentage (FTAP) at the end of the preceding plan year is less than 80% for any plan in the contributing sponsor's controlled group. The FTAP for 2008 is 113.1% as of January 1, 2008.

## Basis for Valuation

### Economic Assumptions

The discount rate for pension cost purposes is the rate at which the pension obligations could be effectively settled. This rate is developed from yields on available high-quality bonds and reflects the plan's expected cash flows.

The assumed rate of return on assets and salary increase rate assumptions both reflect long-term expectations. The assumed rate of return on assets for pension cost purposes is the weighted average of expected asset returns. The salary increase rate is based on current expectations of future pay increases. The assumptions selected by Atmos Energy Corporation for pension cost purposes are:

	<b>October 1, 2008</b>	<b>July 1, 2008</b>	<b>July 1, 2007</b>
Discount rate	7.57%	6.68%	6.30%
Rate of return on assets	8.25%	8.25%	8.25%
Salary increase rate	4.00%	4.00%	4.00%

Assumptions used to determine statutory contribution limits must be reasonable taking into account the experience of the plan and reasonable expectations. However, certain assumptions (such as interest and mortality) are either prescribed by the IRS or are subject to IRS approval. The interest rates used to determine the funding target and target normal cost are based on a high-quality corporate bond yield curve. The assumptions for contribution purposes are:

	<b>January 1, 2008</b>	<b>January 1, 2007</b>
Effective interest rate	6.12%	5.78%
Salary increase rate	4.00%	4.00%

## Actuarial Certification, Reliances and Distribution

Atmos Energy Corporation retained Towers Perrin to perform a valuation of its pension plan for the purpose of determining (1) the value of benefit obligations and its pension cost in accordance with FAS 87 and (2) the minimum required and maximum tax-deductible contributions in accordance with ERISA and allowed by the Internal Revenue code. This valuation has been conducted in accordance with generally accepted actuarial principles and practices.

The consulting actuaries are members of the Society of Actuaries and other professional actuarial organizations and meet their "General Qualification Standard for Prescribed Statements of Actuarial Opinion" relating to pension plans.

In preparing the results presented in this report, we have relied upon information provided to us regarding plan provisions, plan participants, and plan assets. We have reviewed this information for overall reasonableness and consistency, but have neither audited nor independently verified this information. The accuracy of the results presented in this report is dependent upon the accuracy and completeness of the underlying information.

The actuarial assumptions and the accounting policies and methods employed in the development of the pension cost have been selected by the plan sponsor, with the concurrence of Towers Perrin. FAS 87 require that each significant assumption "individually represent the best estimate of a particular future event."

The actuarial assumptions and methods employed in the development of the contribution limits have been selected by Towers Perrin, with the concurrence of the plan sponsor. The Internal Revenue Code requires the use of assumptions "each of which is reasonable (taking into account the experience of the plan and reasonable expectations)" and "which, in combination, offer the actuary's best estimate of anticipated experience under the plan."

The results shown in this report have been developed based on actuarial assumptions that are considered to be reasonable and within the "best-estimate range" as described by the Actuarial Standards of Practice. Other actuarial assumptions could also be considered to be reasonable and within the best-estimate range. Thus, reasonable results differing from those presented in this report could have been developed by selecting different points within the best-estimate ranges for various assumptions.

The information contained in this report was prepared for the internal use of Atmos Energy Corporation and its auditors in connection with our actuarial valuation of the pension plan. It is neither intended nor necessarily suitable for other purposes. Atmos Energy Corporation may also distribute this actuarial valuation report to the appropriate authorities who have the legal right to require Atmos Energy Corporation to provide them this report, in which case Atmos Energy Corporation will use best efforts to notify Towers Perrin in advance of this distribution. Further distribution to, or use by, other parties of all or part of this report is expressly prohibited without Towers Perrin's prior written consent.



Chris Hutzler, F.S.A.  
Principal



Mary Ann McMahon, A.S.A.  
Consultant

Towers Perrin  
October 2008



## ***Supplemental Information***

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## Asset Values

### Asset Values for Calculating Pension Cost and Funded Position

Fair value (excludes contributions receivable):

▶ As of July 1, 2007	\$ 378,097,090
▶ Contributions	0
▶ Disbursements	(31,786,764)
▶ Investment return	<u>(51,029,343)</u>
▶ As of September 1, 2008	\$ 295,280,983
▶ Rate of return	(14.1)%

Market-related value:

▶ As of July 1, 2007	\$ 308,465,428
▶ As of September 1, 2008	305,553,756
▶ Rate of return	9.9%

### Asset Values for Calculating Employer Contributions

Market value, including contributions receivable:

▶ As of January 1, 2007	\$ 370,496,452
▶ Contributions	0
▶ Disbursements	(28,637,357)
▶ Investment return	<u>27,180,753</u>
▶ As of January 1, 2008	\$ 369,039,848
▶ Rate of return	7.6%

Actuarial value:

▶ As of January 1, 2007	\$ 335,949,438
▶ As of January 1, 2008	369,039,848
▶ Rate of return	19.2%

## Basic Results for Pension Cost and Funded Position

	<b>Fiscal 2009</b>	<b>Fiscal 2008</b>
<b>Service Cost</b>	\$ 12,511,955	\$ 12,797,992
<b>Obligations</b>	<b>October 1, 2008</b>	<b>July 1, 2007</b>
Accumulated benefit obligation [ABO]:		
▶ Participants currently receiving benefits	\$ 150,345,614	\$ 169,189,335
▶ Deferred inactive participants	20,727,849	23,630,923
▶ Active participants	<u>129,343,246</u>	<u>122,374,403</u>
Total ABO	\$ 300,416,709	\$ 315,194,661
Obligation due to future salary increases	<u>5,387,873</u>	<u>7,117,605</u>
Projected benefit obligation [PBO]	\$ 305,804,582	\$ 322,312,266
<b>Assets</b>		
Fair value [FV]	\$ 295,280,983	\$ 378,097,090
Unamortized investment losses (gains)	<u>10,272,773</u>	<u>(69,631,662)</u>
Market-related value	\$ 305,553,756	\$ 308,465,428
<b>Funded Position</b>		
Overfunded (underfunded) PBO	\$ (10,523,599)	\$ 55,784,824
PBO funded percentage	96.6%	117.3%
<b>Amounts Not Yet Recognized in Net Periodic Cost</b>		
Net actuarial loss (gain)	\$ 79,107,533	\$ 32,006,732
Prior service cost (credit)	(2,748,804)	(4,141,706)
Transition obligation (asset)	<u>0</u>	<u>0</u>
Total	\$ 76,358,729	\$ 27,865,026
<b>Key Economic Assumptions</b>		
Discount rate	7.57%	6.30%
Rate of return on assets	8.25%	8.25%
Salary increase rate	4.00%	4.00%

## Pension Cost

	<b>Fiscal 2009</b>	<b>Fiscal 2008</b>
<b>Pension Cost</b>		
Service cost	\$ 12,511,955	\$ 12,797,992
Interest cost	23,023,851	20,264,669
Expected return on assets	(24,040,989)	(24,343,987)
Amortization:		
▶ Transition obligation (asset)	0	0
▶ Prior service cost (credit)	(946,337)	(896,173)
▶ Net loss (gain)	<u>3,742,350</u>	<u>6,481,805</u>
Pension cost	\$ 14,290,830	\$ 14,304,306
Percent of covered pay	6.3%	6.5%
Per active participant	\$ 3,540	\$ 3,611

## Selected Financial Statement Information

The following information was provided for Atmos Energy Corporation's 2007 financial reporting. This information was developed by adjusting the prior year's valuation results for the passage of time and other significant changes.

	<b>Fiscal 2008</b>	<b>Fiscal 2007</b>
<b>Change in Benefit Obligation</b>		
PBO, beginning of year	\$ 322,312,266	\$ 313,704,228
Service cost	12,797,992	12,539,716
Interest cost	20,264,669	19,562,244
Plan amendments	261,336	0
Actuarial loss (gain)	(6,853,127)	4,769,805
Benefits paid	<u>(25,464,797)</u>	<u>(28,263,727)</u>
PBO as of June 30	\$ 323,318,339	\$ 322,312,266
Charge to retained earnings	8,681,588	N/A
Change in unfunded liability	<u>(26,195,345)</u>	<u>N/A</u>
PBO as of September 30	\$ 305,804,582	N/A
<b>Change in Plan Assets</b>		
Fair value of plan assets, beginning of year	\$ 378,097,090	\$ 352,939,125
Actual return on plan assets	(21,316,541)	53,421,692
Employer contributions	0	0
Participant contributions	0	0
Benefits paid	<u>(25,464,797)</u>	<u>(28,263,727)</u>
Fair value of plan assets, as of June 30	\$ 331,315,752	\$ 378,097,090
Change to retained earnings	6,164,988	N/A
Change in unfunded liability	<u>(42,199,757)</u>	<u>N/A</u>
Fair value of plan assets as of September 30	\$ 295,280,983	N/A

The accumulated benefit obligation was \$315,194,661 and \$316,860,675 at June 30, 2007 and June 30, 2008, respectively.

The following information was also provided for Atmos Energy Corporation's pension financial reporting.

	<b>Fiscal 2008</b>	<b>Fiscal 2007</b>
<b>Funded Status</b>		
Funded status, as of June 30	\$ 7,997,413	\$ 55,784,824
4 <sup>th</sup> Quarter contributions	0	N/A
Change to retained earnings	(2,516,600)	N/A
Change in unfunded liability	<u>(16,004,412)</u>	<u>N/A</u>
Amount recognized, as of Sept 30	(10,523,599)	\$ N/A
<b>Amounts Recognized in Statement of Financial Position</b>		
Noncurrent asset	\$ 0	55,784,824
Current liability	0	0
Noncurrent liability	(10,523,599)	0
<b>Amounts Not Yet Recognized in Net Periodic Cost</b>		
Net actuarial loss/(gain) as of June 30	\$ 64,332,329	\$ 32,006,733
Change to retained earnings	(1,229,208)	N/A
Change in unfunded liability	<u>16,004,412</u>	<u>N/A</u>
Net actuarial loss/(gain) as of Sept. 30	79,107,533	
Prior service cost/(credit) as of June 30	(2,984,197)	(4,141,706)
Change to retained earnings	<u>235,393</u>	<u>N/A</u>
Net prior service cost/(credit) as of Sept 30	\$ (2,748,804)	N/A
Net amount recognized in AOCI		
as of June 30th	\$ 61,348,132	\$ 27,865,027
as of September 30th	\$ 76,358,729	N/A

The amounts shown above have not been tax effected. Any tax effect would have been separately recognized.

## Present Value of Accumulated Plan Benefits for FAS 35

	January 1, 2008	January 1, 2007
<b>Actuarial Present Value of Accumulated Plan Benefits</b>		
Vested benefits:		
▶ Participants currently receiving benefits	\$ 148,826,546	\$ 149,514,833
▶ Other participants	<u>121,893,601</u>	<u>110,502,039</u>
▶ Total vested benefits	\$ 270,720,147	\$ 260,016,872
Nonvested benefits	<u>1,974,543</u>	<u>4,741,649</u>
Total accumulated benefits	\$ 272,694,690	\$ 264,758,521
Market value of assets	369,039,848	370,496,452

### Key Assumptions

Interest rate	8.25%	8.25%
Average retirement age	61	61
Mortality	RP-2000 projected to 2010	RP-2000 projected to 2010

### Change in Actuarial Present Value of Accumulated Plan Benefits

Actuarial present value of accumulated plan benefits as of January 1, 2007	\$ 264,758,521
Change from 2007 to 2008:	
▶ Additional benefits accumulated (including the effect of noninvestment experience)	13,161,745
▶ Interest due to decrease in the discount period	20,779,827
▶ Benefits paid	(26,284,504)
▶ Assumption changes	0
▶ Plan amendments	<u>279,101</u>
Actuarial present value of accumulated plan benefits as of January 1, 2008	\$ 272,694,690



## Basic Results for Minimum Required Employer Contribution

January 1, 2008

### Normal Cost and Liabilities

Target normal cost	\$ 12,280,858
Funding target:	
▶ Participants currently receiving benefits	\$ 172,466,933
▶ Deferred inactive participants	23,245,647
▶ Active participants	<u>130,580,185</u>
Total funding target	\$ 326,292,765

### Assets

Market value	\$ 369,039,848
Unrecognized investment losses (gains)	<u>0</u>
Actuarial value	\$ 369,039,848

### Credit Balance

Funding standard carryover balance	\$ 59,947,122
Prefunding balance	<u>0</u>
Total credit balance	\$ 59,947,122

### ERISA Funded Position

Net actuarial value of assets	\$ 309,092,726
Funding shortfall/(excess assets)	17,200,039
Assets, including credit balance, as a percentage of funding target	113.1%

### Key Economic Assumptions

Effective interest rate	6.12%
Salary increase rate	4.00%

## Minimum Required Employer Contribution

January 1, 2008

### Minimum Required Employer Contribution

Target normal cost	\$ 12,280,858
Net shortfall amortization charge	0
Waiver amortization charge	0
Excess assets	<u>0</u>
Minimum funding requirement	\$ 12,280,858
Available credit balance	59,947,122
Remaining cash requirement (assuming sponsor elects full use of available credit balance)	0
Percent of covered pay	0.0%
Per active participant	\$ 0

Additional details regarding the calculation of the minimum required employer contribution may be obtained from the Form 5500 Schedule SB filings and attachments.

### Schedule of Minimum Funding Requirements\*

April 15	\$ 0
July 15	0
October 15	0
January 15 (following)	0
September 15 (following)	13,590,018

\* Before reflecting any credit balance elections for 2008.

Quarterly contributions for the 2009 plan year will not exceed \$3,070,215 per payment, based on this year's valuation results.

## Maximum Deductible Employer Contribution

January 1, 2008

### Basic Funding Limit

Funding target	\$ 326,292,765
Target normal cost	12,280,858
Statutory cushion amount	<u>172,259,660</u>
Basic funding limit	\$ 510,833,283

### At-Risk Funding Limit

Funding target as if at-risk	\$ 349,185,374
Target normal cost as if at-risk	<u>14,797,873</u>
At-risk funding limit (for plans not at-risk)	\$ 363,983,247

### Maximum Deductible Employer Contribution

Maximum funding limit	\$ 510,833,283
Actuarial value of assets	<u>369,039,848</u>
Preliminary maximum contribution	\$ 141,793,435
Minimum funding requirement	12,280,858
Maximum deductible contribution*	141,793,435
Percent of covered pay	62.2%
Per active participant	\$ 35,123

### Key Economic Assumptions

Effective interest rate	6.12%
Salary increase rate	4.00%

\* Estimated amount, pending issuance of Treasury/IRS guidance

**Funded Status for Benefit Limitations****January 1, 2008****Basic Results**

Funding target disregarding at-risk provisions	\$ 326,292,765
Actuarial value of assets	369,039,848
Credit balance	59,947,122
Annuity purchases for non-highly compensated employees during preceding two plan years	0

**Funded Status**

Funding target attainment percentage	113.1%
Adjusted funding target attainment percentage	113.1%

**Key Economic Assumptions**

Effective interest rate	6.12%
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## Actuarial Assumptions and Methods

	<b>Pension Cost</b>	<b>Contributions</b>
<b>Economic Assumptions</b>		
Discount rate	7.57%	N/A
Interest crediting rate on cash balance account		4.50%
Rate used to value benefits payable as a lump sum		4.50%
Return on assets	8.25%	N/A
Funding interest rate basis:		
▸ Applicable month	N/A	January 2008
▸ Yield curve basis	N/A	Full yield curve
▸ Transition from current liability rates	N/A	No
Funding interest rates:		
▸ First segment rate (10-year rate)	N/A	6.11%
▸ Second segment rate (20-year rate)	N/A	6.51%
▸ Third segment rate (30-year rate)	N/A	5.78%
▸ Effective interest rate	N/A	6.64%
Annual rates of increase		
▸ Salaries	4.00%	4.00%
▸ Future Social Security wage bases	3.50%	3.50%
▸ Statutory limits on compensation and benefits	3.00%	N/A

## Demographic Assumptions

Mortality for pension cost :

- ▶ Healthy RP2000 White Collar with mortality improvement projected to 2010 using the AA scale.
- ▶ Disabled PBGC Disability Mortality Table

Mortality for contributions:

- ▶ Healthy Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2023 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2015 using Scale AA )
- ▶ Disabled Alternative disabled life mortality tables as defined under Rev Rul. 96-7

Termination

Rates varying by age

<i>Age</i>	<i>Age</i>	<i>Age</i>
25	40	55
.121	.047	.022

Disability

Rates varying by age

<i>Age</i>	<i>Age</i>	<i>Age</i>
25	40	55
.0006	.0010	.0069

Retirement

Rates varying by age

Sample rates:

<i>Age</i>	<i>Rate</i>
55	.05
56	.05
57	.05
58	.05
59	.10
60	.10
61	.15
62	.40
63	.30
64	.30
65-69	.50
70	1.00

## Benefit commencement date:

- ▶ Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55
  - ▶ Deferred vested benefit      The later of age 55 or termination of employment
  - ▶ Disability benefit      Upon disablement
  - ▶ Retirement benefit      Upon termination of employment
- Form of payment      75% of participants are assumed to elect a lump sum and 25% are assumed to elect a life annuity.
- Percent married      100%
- Spouse age      Wife two years younger than husband
- Covered pay      10-year earnings history

## Administrative expense:

- ▶ Pension cost      Return on asset assumption is net of any expenses paid by the trust.
- ▶ Contributions      Not applicable

## Loadings

Liability for benefits for death between termination or disability and commencement are approximated by a 2% load on the liability for termination and disability benefits.

## Cash flow for pension cost purposes:

- ▶ Amount and timing of contributions      Contributions are made on the last day required to meet quarterly and minimum funding requirements.
- ▶ Timing of benefit payments      Annuity payments are payable monthly and lump sum payments are payable on date of decrement.

**Methods**

## Pension cost:

- ▶ Measurement date      Fiscal year-end
- ▶ Service cost and projected benefit obligation      Projected unit credit obligation
- ▶ Market-related value of assets      The fair value of assets on the measurement date, less the following percentages of realized and unrealized gains and losses:
  - ▶ 80% of the first preceding 12 months
  - ▶ 60% of the second preceding 12 months
  - ▶ 40% of the third preceding 12 months
  - ▶ 20% of the fourth preceding 12 months

► Amortization of unamortized amounts:

– Prior service cost (credit)

Increase in PBO resulting from a plan amendment is amortized on a straight-line basis over the expected average remaining service of active participants expected to benefit under the plan. Decrease in PBO first reduces any unrecognized prior service cost; any remaining amount is amortized on a straight-line basis as described above.

– Net loss (gain)

Net loss (gain) in excess of 10% of the greater of PBO or the market-related value of assets is amortized on a straight-line basis over the expected average remaining service of active participants expected to benefit under the plan.

Contributions:

► Valuation date

First day of plan year

► Funding target and target normal cost

Present value of accrued benefits

► Actuarial value of assets

Equal to the fair market value of assets.

**Benefits Not Valued**

All benefits described in the Plan Provisions section of this report were valued. Towers Perrin has reviewed the plan provisions with Atmos Energy Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

**Change in Assumptions and Methods Since Prior Valuation**

Pension cost

The discount rate for benefit obligations was changed from 6.30% to 7.57%

Contributions

The funded interest rate was changed from 5.78% to the full corporate bond yield curve as of January 2008, as provided under the Pension Protection Act of 2006 (PPA).

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

The actuarial cost method used to calculate the funding target and target normal cost was changed from unit credit to the present value of accrued benefits, as required by the PPA.



**Data Sources**

Towers Perrin used asset data supplied by the trustee. Atmos Energy Corporation, through its third party administrator, furnished participant data as of the valuation date. Atmos Energy Corporation also provided the dates and amounts of the 2007 contributions that will be paid in 2008, the postretirement benefit asset, postretirement benefit liability and amounts recognized in accumulated other comprehensive income as of September 30, 2008. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Assumptions or estimates were made by the Towers Perrin actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

**Elimination of Early Measurement Date**

FAS 158 eliminated the ability to use an early measurement date, commencing with fiscal years ending after December 15, 2008. To comply with this standard, Atmos eliminated the early measurement date by utilizing the "Remeasurement Approach." This approach involves a 3-month adjustment to retained earnings using the June 30, 2008 discount rate and assets. Subsequently, the September 30, 2008 remeasurement of assets and liabilities is used to determine Fiscal 2009 costs.

Atmos recorded a charge to retained earnings of \$3,510,415 and increased the unfunded liability by \$16,004,412 to reflect the remeasurement of the projected benefit obligation as of September 30.

## Participant Data

	January 1, 2008	January 1, 2007
<b>Active</b>		
Number	4,037	3,961
Average age	46.5	46.6
Average past service	15.9	16.1
Average future service	10.2	10.7
Covered pay:		
▶ Total	\$ 228,182,422	\$ 218,592,790
▶ Average	56,523	54,667
<b>Deferred Inactive</b>		
Number	1,025	1,148
Average age	51.7	51.2
Annual benefits:		
▶ Count	871	987
▶ Total	\$ 3,827,274	\$ 3,989,701
▶ Average	4,394	4,448
PAP Balances:		
▶ Count	154	161
▶ Total	\$ 3,009,988	\$ 2,622,205
▶ Average	19,545	17,366
<b>Currently Receiving Benefits</b>		
Number	1,727	1,732
Average age	72.2	71.6
Annual benefits:		
▶ Total	\$ 17,426,459	\$ 17,344,170
▶ Average	10,091	10,014
<b>Total Participants Included in Valuation</b>		
Number	6,789	6,841

**Atmos Energy Coporation  
Pension Account Plan  
Completed Years of Service**

Age Nearest Birthday		0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	Over 34	Total
										101
15 to 24	Number	100	1	-	-	-	-	-	-	620
	Average PAP	601	2,493	-	-	-	-	-	-	19,953
	Average Earnings	19,914	23,818	-	-	-	-	-	-	215
25 to 29	Number	180	35	-	-	-	-	-	-	1,507
	Average PAP	985	4,189	-	-	-	-	-	-	29,340
	Average Earnings	27,116	40,778	-	-	-	-	-	-	250
30 to 34	Number	140	75	35	-	-	-	-	-	3,692
	Average PAP	1,417	6,022	7,799	-	-	-	-	-	41,042
	Average Earnings	34,953	44,789	57,368	-	-	-	-	-	352
35 to 39	Number	124	97	69	59	3	-	-	-	7,342
	Average PAP	1,823	8,508	10,881	12,840	8,239	-	-	-	47,886
	Average Earnings	36,334	48,689	57,280	59,351	57,856	-	-	-	572
40 to 44	Number	110	104	87	148	119	4	-	-	15,559
	Average PAP	2,280	11,433	18,444	22,042	20,953	24,956	-	-	56,096
	Average Earnings	40,732	51,735	58,541	63,776	62,641	59,895	-	-	855
45 to 49	Number	87	166	53	147	207	190	5	-	26,692
	Average PAP	2,339	13,007	22,363	34,549	35,118	35,171	48,696	-	59,666
	Average Earnings	39,529	56,647	52,046	64,822	62,520	66,484	62,121	-	788
50 to 54	Number	77	110	50	108	114	207	114	8	45,223
	Average PAP	2,779	15,925	36,139	51,028	45,468	58,287	74,538	75,677	61,715
	Average Earnings	41,749	57,747	61,026	64,477	62,795	67,203	65,449	64,921	550
55 to 59	Number	44	77	21	65	70	79	126	68	59,130
	Average PAP	4,178	19,556	49,548	63,656	78,293	82,503	79,349	53,790	61,499
	Average Earnings	47,008	57,144	62,208	60,726	63,129	66,905	63,587	64,500	316
60 to 64	Number	32	26	10	28	28	46	39	107	80,858
	Average PAP	4,178	41,003	52,149	72,101	76,257	60,232	137,485	107,881	62,547
	Average Earnings	49,189	72,090	57,079	61,024	64,071	57,432	64,693	66,151	8
65 to 69	Number	2	5	1	7	2	5	4	8	34
	Average PAP	799	28,972	208,994	100,957	75,694	44,820	79,974	43,984	62,041
	Average Earnings	8,875	53,975	137,217	54,098	80,570	68,642	79,515	79,027	66,416
Over 69	Number	-	1	-	-	1	-	-	-	2
	Average PAP	-	29,885	-	-	14,154	-	-	339,501	180,760
	Average Earnings	-	82,589	-	-	46,188	-	-	50,859	57,624
Total	Number	896	697	326	562	544	531	288	193	4,037
	Average PAP	1,841	13,304	22,673	38,207	41,824	53,409	84,794	87,240	32,736
	Average Earnings	34,671	53,509	57,906	63,109	62,773	66,013	64,669	65,894	55,301

Average Age: 46.5

Average Service: 15.9

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Atmos Energy Corporation, PAP, October 2008

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**Plan Provisions**

<b>Effective Date</b>	January 1, 1999.
<b>Covered Employees</b>	All employees on the payroll of the Atmos Energy Corporation including leased employees, and excluding independent contractors.
<b>Participation Date</b>	First day of the month coincident with or next following the date the employee completes 1000 hours during a 12-month period.

**Definitions**

Vesting service	Total years of service from date of employment measured on an elapsed time basis.
Benefit service	Total years of service from date of employment measured on an elapsed time basis.
Merger Date	January 1, 1999 for Atmos, Greeley, UCG, and WKG. June 1, 2000 for ANG/Southwestern Energy, June 30, 2003 for MVG, October 1, 2004 for TXU Gas.

Pay credits	<i>Age + Years of Benefit Service</i>	<i>On all Pay</i>	<i>On Pay over the Wage Base</i>
	<35	2.35%	2.35%
	35 - 49	3.25%	3.25%
	50 - 64	4.50%	4.50%
	65 - 79	6.25%	5.00%
	80 - 94	8.50%	5.00%
	95+	10.50%	5.00%

## Additional pay credits

For UCG participants:

<i>Age on Merger Date</i>	<i>On all Pay</i>	<i>On Pay over the Wage Base</i>
<30	0%	0%
30 - 34	0%	0%
35 - 39	1%	1%
40 - 44	3%	3%
45+	4%	4%

For other participants:

<i>Age on Merger Date</i>	<i>On all Pay</i>	<i>On Pay over the Wage Base</i>
<30	0%	0%
30 - 34	1%	1%
35 - 39	2%	2%
40 - 44	3%	3%
45+	5%	5%

## Cash balance credits

The sum of:

- (i) the pay credits
- (ii) the additional pay credits

## Interest credits

Interest on the account balance at the beginning of each year at the equal to the 30-year Treasury bond rate in effect for the November preceding the first day of the plan year.

In no event will the interest rate be less than 4.69% or more than 7.0%.

## Opening balance

The age-62 benefit under the old final average pay plans multiplied by a deferred annuity factor using a 7.0% interest rate and the 1983 Group Annuity Mortality table blended 50% for males and 50% for females.

## Account balance

The sum of the Opening balance and the Cash balance credits both accumulated with Interest credits to a point in time.

Grandfathered benefit	Participants age 50 on Merger Date are eligible to receive a benefit based on the sum of: <ul style="list-style-type: none"><li>▶ the accrued benefit as of the Merger Date adjusted for pay raises, and</li><li>▶ the accrued benefit for service after the Merger Date based on the Atmos Energy Corporation prior plan formula.</li></ul>
Annual pension benefit	The greatest of: <ul style="list-style-type: none"><li>(i) the Account balance divided by an actuarial equivalent life annuity factor using 5.85% and the 1994 Group Annuity Reserving table</li><li>(ii) the single life annuity optional form of the Grandfathered benefit</li><li>(iii) the single life annuity optional form of the benefit accrued through the Merger Date based on the prior plan final average pay formulas</li></ul>
Earnings	W-2 earnings, plus 401(k) deferrals and section 125 salary reduction. Earnings do not include expenses reimbursements or variable compensation.
Normal retirement date (NRD)	First of month next following the attainment of age 65 with five years of vesting service.
Preretirement death benefit	Account balance as of date of death.

**Eligibility for Benefits**

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing three years of vesting service.

Preretirement death benefit      Death after January 1, 1999.

### **Benefits Paid Upon the Following Events**

Normal retirement	Annual pension benefit determined as of NRD.
Early retirement	Annual pension benefit determined as of early retirement date.
Postponed retirement	Annual pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Account balance determined as of termination date, accumulated with interest credits to retirement age, and then divided by an actuarial equivalent life annuity factor using 4.50% and the 1994 Group Annuity Reserving table but not less than: <ul style="list-style-type: none"> <li>(i) the single life annuity optional form of the Grandfathered benefit</li> <li>(ii) the single life annuity optional form of benefit accrued through the Merger Date based on the old final average pay formulas</li> </ul>
Preretirement death benefits	Preretirement death benefit is payable as a lump sum or as a life annuity.
Forms of payment	Single life annuity, 5 years certain and life, 10 years certain and life, joint and survivor with 50%, 67%, 75%, or 100% continued to the spouse upon the participant's death. In addition, a participant may also elect a lump sum.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the <i>maximum limitations for that year as defined in the Internal Revenue Code</i> . The plan provides for increasing the dollar limits automatically as such changes become effective.

### **Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Perrin is not aware of any future plan changes which are required to be reflected.

### **Changes in Benefits Valued Since Prior Year**

The vesting requirement was changed from five years to three years.

The "whipsaw" provision of the Pension Account Plan was eliminated.





Case No. 2009-00354  
Atmos Energy Corporation, Kentucky/Mid-States Division  
Staff DR Set No. 1  
Question No. 1-35  
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REQUEST:

For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted or to be granted in 2007, 2008, the base period, and the forecasted test period.

RESPONSE:

Please see Attachment 1. Merit increases are effective at the beginning of each fiscal year on October 1. For the last several years, the targeted average increase has been 3.5%. For 2010, as discussed in the Direct Testimony of Greg Waller, the average targeted increase was 3.0%.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, FY 2007, FY 2008 Merit General Wage Increases, 1 Page.

Respondent: Greg Waller

**ATMOS ENERGY CORP. KENTUCKY/MID-STATES DIVISION  
FY 07 & FY 08 MERIT WAGE INCREASES**

	Non-exempt Increase Amount	Non- exempt Increase %	Exempt Increase Amount	Exempt Increase %	Total
FY 2007	\$214,993	3.12%	\$159,555	3.49%	\$374,548
FY 2008	\$226,697	3.24%	\$164,439	3.61%	\$391,135



REQUEST:

Provide a schedule reflecting the salaries and other compensation of each executive officer for the base period and three most recent calendar years. Include the percentage annual increase and the effective date of each increase, the job title, duty and responsibility of each officer, the number of employees who report to each officer, and to whom each officer reports. For employees elected to executive officer status since the test year in Atmos-Kentucky's most recent rate case, provide the salaries for the persons they replaced.

RESPONSE:

Please reference the following:

Attachment 1 - Atmos Energy Corporation, Number of employees reporting to each executive and the percentage of annual increase, 4 Pages

Attachment 2 - Atmos Energy Corporation, Executive Officer's Compensation, 4 Pages

**KPSC 1-36 Executive Officers**  
**Number of Employees Reporting to Executive Officers and To Whom the Officer Reports**  
**FY06-FY08, FY09 (through July 09)**

		To Whom the Officer Reports (As of Nov-09)	# of employees reporting to each officer in FY 2006	# of employees reporting to each officer in FY 2007
Executive Officer	Title			
Bob Best	Chairman of the Board, President, and CEO	Board of Directors	5	5
Kim Cocklin	Senior Vice President, Utility Operations	Bob Best	-	9
R. Earl Fischer	Senior Vice President, Utility Operations	No Longer With Company	9	-
John P. Reddy	Senior Vice President, Chief Financial Office	No Longer With Company	5	9
JD Woodward	Senior Vice President, Non-Utility Operations	No Longer With Company	1	-
Mark Johnson	Senior Vice President, Non-Utility Operations	No Longer With Company	-	1
Louis P. Gregory	Senior Vice President and General Counsel	Bob Best	6	7
Wynn D. McGregor	Senior Vice President, Human Resources	No Longer With Company	4	4
Mike Haefner	Senior Vice President, Human Resources	Bob Best	-	-
Fred Meisenheimer	Senior Vice President, Chief Financial Office	Bob Best	Not an Officer during this time	Not an Officer during this time

**KPSC 1-36 Executive Officers**  
**Number of Employees Reporting to Executive Officers and To**  
**FY06-FY08, FY09 (through July 09)**

<b>Executive Officer</b>	<b>Title</b>	<b># of employees reporting to each officer in FY 2008</b>	<b># of employees reporting to each officer through July 09</b>
Bob Best	Chairman of the Board, President, and CEO	5	5
Kim Cocklin	Senior Vice President, Utility Operations	12	12
R. Earl Fischer	Senior Vice President, Utility Operations	-	-
John P. Reddy	Senior Vice President, Chief Financial Officer	5	-
JD Woodward	Senior Vice President, Non-Utility Operations	-	-
Mark Johnson	Senior Vice President, Non-Utility Operations	1	5
Louis P. Gregory	Senior Vice President and General Counsel	8	10
Wynn D. McGregor	Senior Vice President, Human Resources	-	-
Mike Haefner	Senior Vice President, Human Resources	4	6
Fred Meisenheimer	Senior Vice President, Chief Financial Officer	Not an Officer during this time	6

KPSC 1-36

Raise Effective Dates and Increases

Executive Officer	Title	Raise Effective Date	Raise Increase %
Bob Best	Chairman of the Board, President, and CEO	1/1/2004	3.485%
		1/1/2005	3.514%
		6/1/2005	4.385%
		1/1/2006	3.5%
		1/1/2007	3.5%
		1/1/2008	3.5%
		1/1/2009	3.5%
Executive Officer	Title	Raise Effective Date	Raise Increase %
R. Earl Fischer	Senior Vice President, Utility Operations	1/1/2004	4.906%
		3/1/2004	10.576%
		1/1/2005	3.513%
		6/1/2005	17.85%
		1/1/2006	3.50%
Executive Officer	Title	Raise Effective Date	Raise Increase %
John P. Reddy	Senior Vice President, Chief Financial Office	1/1/2004	3.502%
		1/1/2005	3.513%
		6/1/2005	17.850%
		1/1/2006	3.500%
		1/1/2007	3.500%
1/1/2008	3.500%		
Executive Officer	Title	Raise Effective Date	Raise Increase %
JD Woodward	Senior Vice President, Non-Utility Operations	1/1/2004	3.480%
		1/1/2005	3.504%
		6/1/2005	21.409%
		1/1/2006	3.500%
Executive Officer	Title	Raise Effective Date	Raise Increase %
Louis P. Gregory	Senior Vice President and General Counsel	1/1/2005	3.500%
		6/1/2005	22.000%

No Longer With Company

No Longer With Company

No Longer With Company

1/1/2006	3.500%
1/1/2007	3.500%
1/1/2008	3.500%
1/1/2009	3.500%

Executive Officer	Title	Raise Effective Date	Raise Increase %	
Wynn D. McGregor	Senior Vice President, Human Resources	1/1/2004	3.500%	No Longer With Company
		1/1/2005	3.497%	
		6/1/2005	7.306%	
		1/1/2006	3.500%	
		1/1/2007	3.500%	
1/1/2008	8.067%			

Executive Officer	Title	Raise Effective Date	Raise Increase %	
Mark Johnson	Senior Vice President, Non-Utility Operation:	4/1/2006	21.739%	No Longer With Company
		1/1/2007	3.500%	
		1/1/2008	15.920%	
		1/1/2009	3.500%	

Executive Officer	Title	Raise Effective Date	Raise Increase %
Kim Cocklin	Senior Vice President, Utility Operations	1/1/2007	3.50%
		1/1/2008	3.50%
		1/1/2009	34.694%

Executive Officer	Title	Raise Effective Date	Raise Increase %
Mike Haefner	Senior Vice President, Human Resources	1/1/2009	3.50%

Executive Officer	Title	Raise Effective Date	Raise Increase %
Fred Meiseheimer	Senior Vice President, Chief Financial Office	1/1/2009	3.50%
		2/3/2009	41.863%



**KPSC 1-36**  
**Atmos Energy Corp**  
**Executive Officer**  
**Gross Compensation Expense**  
**Base Period**

CASE NO. 2009-00354  
ATTACHMENT 2  
TO STAFF DR SET NO. 1  
QUESTION NO. 1-36

<b>Title</b>	<b>Regular Compensation</b>	<b>Other Compensation</b>	<b>Total</b>
Chairman of the Board, President, and CEO	848,843.55	2,712,572.04	3,561,415.59
Senior Vice President, Utility Operations	537,327.73	2,002,077.98	2,539,405.71
Senior Vice President, Utility Operations		-	-
Senior Vice President, Chief Financial Officer	167,036.95	613,032.38	780,069.33
Senior Vice President, Non-Utility Operations		-	-
Senior Vice President, Non-Utility Operations	371,726.00	35,991.49	407,717.49
Senior Vice President and General Counsel	319,869.52	541,712.03	861,581.55
Senior Vice President, Human Resources		210,492.95	210,492.95
Senior Vice President, Human Resources	276,796.82	304,171.80	580,968.62
Senior Vice President, Chief Financial Officer	121,153.86	474,722.68	595,876.54
<b>Total Gross Compensation</b>	<b>2,642,754</b>	<b>6,894,773</b>	<b>9,537,528</b>

Update to Schedule G-3  
Based on FY09 Actuals

**KPSC 1-36**  
**Atmos Energy Corp**  
**Executive Officer**  
**Gross Compensation Expense**  
**FY08**

CASE NO. 2009-00354  
ATTACHMENT 2  
TO STAFF DR SET NO. 1  
QUESTION NO. 1-36

<b>Title</b>	<b>Regular Compensation</b>	<b>Other Compensation</b>	<b>Total</b>
Chairman of the Board, President, and CEO	820,354.03	3,204,788.71	4,025,142.74
Senior Vice President, Utility Operations	397,999.63	971,096.54	1,369,096.17
Senior Vice President, Utility Operations		-	-
Senior Vice President, Chief Financial Officer	93,150.06	1,085,421.28	1,178,571.34
Senior Vice President, Non-Utility Operations		-	-
Senior Vice President, Non-Utility Operations	348,999.64	664,776.35	1,013,775.99
Senior Vice President and General Counsel	283,738.70	583,540.96	867,279.66
Senior Vice President, Human Resources	367,560.80	543,462.42	911,023.22
Senior Vice President, Human Resources	83,076.96	79,873.21	162,950.17
Senior Vice President, Chief Financial Officer		-	-
<b>Total Gross Compensation</b>	<b>2,394,880</b>	<b>7,132,959</b>	<b>9,527,839</b>

**KPSC 1-36**  
**Atmos Energy Corp**  
**Executive Officer**  
**Gross Compensation Expense**  
**FY07**

CASE NO. 2009-00354  
ATTACHMENT 2  
TO STAFF DR SET NO. 1  
QUESTION NO. 1-36

<b>Title</b>	<b>Regular Compensation</b>	<b>Other Compensation</b>	<b>Total</b>
Chairman of the Board, President, and CEO	790,262.12	2,933,028.89	3,723,291.01
Senior Vice President, Utility Operations	384,591.47	1,601,170.27	1,985,761.74
Senior Vice President, Utility Operations	48,853.40	59,669.41	108,522.81
Senior Vice President, Chief Financial Officer	399,470.42	1,027,956.79	1,427,427.21
Senior Vice President, Non-Utility Operations		132,435.84	132,435.84
Senior Vice President, Non-Utility Operations	60,793.90	294,409.59	355,203.49
Senior Vice President and General Counsel	291,374.98	536,108.11	827,483.09
Senior Vice President, Human Resources	246,673.24	477,319.79	723,993.03
Senior Vice President, Human Resources		-	-
Senior Vice President, Chief Financial Officer		-	-
<b>Total Gross Compensation</b>	<b>2,222,020</b>	<b>7,062,099</b>	<b>9,284,118</b>

**KPSC 1-36**  
**Atmos Energy Corp**  
**Executive Officer**  
**Gross Compensation Expense**  
**FY06**

CASE NO. 2009-00354  
ATTACHMENT 2  
TO STAFF DR SET NO. 1  
QUESTION NO. 1-36

<b>Title</b>	<b>Regular Compensation</b>	<b>Other Compensation</b>	<b>Total</b>
Chairman of the Board, President, and CEO	756,876.94	2,308,016.49	3,064,893.43
Senior Vice President, Utility Operations		-	-
Senior Vice President, Utility Operations	384,592.19	1,682,987.76	2,067,579.95
Senior Vice President, Chief Financial Officer	384,592.19	833,899.04	1,218,491.23
Senior Vice President, Non-Utility Operations	207,541.23	268,318.13	475,859.36
Senior Vice President, Non-Utility Operations	139,038.58	126,876.12	265,914.70
Senior Vice President and General Counsel	281,520.86	497,797.43	779,318.29
Senior Vice President, Human Resources	235,532.21	334,686.90	570,219.11
Senior Vice President, Human Resources		-	-
Senior Vice President, Chief Financial Officer		-	-
<b>Total Gross Compensation</b>	<b>2,389,694</b>	<b>6,052,582</b>	<b>8,442,276</b>



REQUEST:

Describe in detail how the base period capitalization rate was determined. If different rates were used for specific expenses (i.e., payroll, clearing accounts, depreciation, etc.), indicate the rate and how it was determined. Indicate all proposed changes to the capitalization rate and how the changes were determined.

RESPONSE:

For all expense types other than Heavy Equipment, the capitalization rate is consistent with the capitalization rate used for labor. Labor capitalization rates for field employees and others directly involved in operations (engineers, for example) are determined by the time coding that each employee puts on his or her timesheet. Capitalization rates for administrative and office staff are set to reflect the function the department performs or the overall division average capitalization rate as appropriate. For the base period, the capitalization rate includes seven months of actual results in which rates were determined as described above and five months of budgeted rates. The process for budgeting capitalization rates is discussed in the Direct Testimony of Greg Waller on page 11, line 29 to page 12, line 4. Any change in the capitalization rate from the base to the test period is a result of the rates budgeted for FY 2010 as described in Mr. Waller's testimony. Heavy equipment is capitalized at a rate of 98% beginning in FY 2010. Prior to FY 2010, heavy equipment was capitalized at 85%. The change was made to better reflect the fact that it is used almost exclusively on capital projects.

Respondent: Greg Waller



REQUEST:

Provide all current labor contracts and the most recent labor contracts previously in effect.

RESPONSE:

There are no collective bargaining employees in the Kentucky division.

Respondent: Kevin Akers





REQUEST:

Provide each group medical insurance policy that Atmos-Kentucky currently maintains.

RESPONSE:

Please see Attachment 1 for the Company's Group Medical Plan.

ATTACHMENT:

ATTACHMENT 1 - Atmos Energy Corporation, Atmos Energy Group Medical Plan, 97 Pages.

Respondent: Kevin Akers



CASE NO. 2009-00354  
ATTACHMENT 1  
TO STAFF DR SET NO. 1  
QUESTION NO. 1-39

# **Atmos Energy Corporation Group Medical Plan Summary Plan Description**

**Effective January 1, 2009**



## SCHEDULE OF COVERAGE

### LOW DEDUCTIBLE PLAN

<b>Deductibles and Out-of-Pocket Maximums</b>	
Individual Deductible	\$300
Family Deductible *	\$600
Individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$2,500
Family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$5,000
Percentage of Covered Medical Expenses Payable After Deductibles are Satisfied	80%
Percentage of Covered Expenses Payable After Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is Reached	100%
<b>Calendar Year Maximum Benefits</b>	
Outpatient Physical Therapy **	20 visits
Outpatient Speech Therapy **	20 visits
Outpatient Occupational Therapy **	20 visits
Preventive Health Care	\$300
Skilled Nursing Facility	\$10,000
Spinal Manipulations (Chiropractic Services) **	20 visits
Temporomandibular Joint Dysfunction (TMJ)	\$1,000
Employee Assistance Program	Up to 6 visits at no charge
Inpatient Mental Health	30 days
Outpatient Mental Health	50 visits
Inpatient Chemical Dependency	30 days
Outpatient Chemical Dependency	30 visits
<b>Lifetime Maximum Benefits</b>	
Durable Medical Equipment	\$50,000
Private Duty Nursing Services	\$50,000
All Other Covered Expenses	\$2,000,000
Inpatient Mental Health	90 days
Inpatient Chemical Dependency	3 series of treatment

\* The family Deductible must be met by at least two family members. In other words, at least one family member must meet a \$300 Deductible, and at least one or more family members must meet the other \$300 Deductible for the family Deductible of \$600 to be satisfied.

\*\*Additional benefits may be available if approved by medical management.

## SCHEDULE OF COVERAGE

### HIGH DEDUCTIBLE PLAN

<b>Deductibles and Out-of-Pocket Maximums</b>	
Individual Deductible	\$1,250
Family Deductible *	\$2,500
Individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$5,000
Family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$10,000
Percentage of Covered Expenses Payable After Deductibles are Satisfied	80%
Percentage of Covered Expenses Payable After Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is Reached	100%
<b>Calendar Year Maximum Benefits</b>	
Outpatient Physical Therapy **	20 visits
Outpatient Speech Therapy **	20 visits
Outpatient Occupational Therapy **	20 visits
Preventive Health Care	\$300
Skilled Nursing Facility	\$10,000
Spinal Manipulations (Chiropractic Services) **	20 visits
Temporomandibular Joint Dysfunction (TMJ)	\$1,000
Employee Assistance Program	Up to 6 visits at no charge
Inpatient Mental Health	30 days
Outpatient Mental Health	50 visits
Inpatient Chemical Dependency	30 days
Outpatient Chemical Dependency	30 visits
<b>Lifetime Maximum Benefits</b>	
Durable Medical Equipment	\$50,000
Private Duty Nursing Services	\$50,000
All Other Covered Expenses	\$2,000,000
Inpatient Mental Health	90 days
Inpatient Chemical Dependency	3 series of treatment

\* The family Deductible must be met by at least two family members. In other words, at least one family member must meet a \$1,250 Deductible, and at least one or more family members must meet the other \$1,250 Deductible for the family Deductible of \$2,500 to be satisfied.

\*\*Additional benefits may be available if approved by medical management.

## SCHEDULE OF COVERAGE

### PREFERRED PROVIDER ORGANIZATION PLAN

<b>Deductibles and Out-of-Pocket Maximums</b>		
	Network	Out-of-Network
Combined Individual Deductible		\$250
Combined Family Deductible *		\$500
Individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$1,250	\$2,500
Family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)	\$2,500	\$5,000
Percentage of Covered Expenses Payable for Specialized Providers/Facilities	90%	
Percentage of Covered Expenses Payable after Deductibles are Satisfied	90%	70%
Percentage of Covered Expenses Payable After Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is Reached	100%	100%
<b>Calendar Year Maximum Benefits</b>		
Outpatient Physical Therapy **	20 visits	
Outpatient Speech Therapy **	20 visits	
Outpatient Occupational Therapy **	20 visits	
Preventive Health Care (applies when an Out-of-Network Provider is used)	\$300	
Skilled Nursing Facility	\$10,000	
Spinal Manipulations (Chiropractic Services)**	20 visits	
Employee Assistance Program	Up to 6 visits at no charge	
Temporomandibular Joint Dysfunction (TMJ)	\$1,000	
Inpatient Mental Health	30 days	
Outpatient Mental Health	50 visits	
Inpatient Chemical Dependency	30 days	
Outpatient Chemical Dependency	30 visits	
<b>Lifetime Maximum Benefits</b>		
Durable Medical Equipment	\$50,000	
Private Duty Nursing Services	\$50,000	
All Other Covered Expenses	\$2,000,000	
Inpatient Mental Health	90 days	
Inpatient Chemical Dependency	3 series of treatment	

\* The family Deductible must be met by at least two family members. In other words, at least one family member must meet a \$250 Deductible, and at least one or more family members must meet the other \$250 Deductible for the family Deductible of \$500 to be satisfied.

\*\* Additional benefits may be available if approved by medical management.

## SCHEDULE OF COVERAGE

### EXCLUSIVE PROVIDER ORGANIZATION PLAN

<b>Co-payments</b>	
Office Visit Co-payment for Primary Care Physician	\$20
Office Visit Co-payment for Specialist	\$30
Mental Health Individual Visit Co-payment	\$30
Urgent Care Co-payment	\$30
Nurse Practitioner Individual Co-payment	\$20
Emergency Room Co-payment	\$75
Per-admission Deductible (Inpatient Co-payment)	\$200 per Hospital confinement
Percentage of Covered Expenses Payable for Network Covered Services (There are no benefits payable for services received outside the network)	100%
<b>Calendar Year Maximum Benefits</b>	
Outpatient Physical Therapy *	20 visits
Outpatient Speech Therapy *	20 visits
Outpatient Occupational Therapy *	20 visits
Skilled Nursing Facility	\$10,000
Spinal Manipulations (Chiropractic Services) *	20 visits
Temporomandibular Joint Dysfunction (TMJ)	\$1,000
Employee Assistance Program	Up to 6 visits at no charge
Inpatient Mental Health	30 days
Outpatient Mental Health	50 visits
Inpatient Chemical Dependency	30 days
Outpatient Chemical Dependency	30 visits
<b>Lifetime Maximum Benefits</b>	
Durable Medical Equipment	\$50,000
Private Duty Nursing Services	\$50,000
All Other Covered Expenses	\$2,000,000
Inpatient Mental Health	90 days
Inpatient Chemical Dependency	3 series of treatment

\*Additional benefits may be available if approved by medical management.

## SCHEDULE OF COVERAGE

### PRESCRIPTION DRUG BENEFIT

The Prescription Drug benefits outlined below are included with all benefit options in the Medical Plan.

Retail Pharmacy	
Co-payment for a 30-day supply of a Generic Covered Drug	25%, up to Per-Prescription Maximum Co-payment
Co-payment for a 30-day supply of a Brand Name Covered Drug	25%, up to Per-Prescription Maximum Co-payment
Per-Prescription Maximum Co-payment Amount	\$75
Mail Service Prescriptions	
Co-payment for a 90-day supply of a Generic Covered Drug	25%, up to Per-Prescription Maximum Co-payment
Co-payment for a 90-day supply of a Brand Name Covered Drug	25%, up to Per-Prescription Maximum Co-payment
Per-Prescription Maximum Co-payment Amount	\$150



## INTRODUCTION

This "Benefit Booklet" provides you with a summary of the benefits provided by the Atmos Energy Corporation Group Medical Plan (the "Plan"). This Benefit Booklet serves as the summary plan description for the Plan. Blue Cross and Blue Shield of Texas (sometimes referred to as "BCBSTX") is the Claims Administrator for the Plan. You should read this Benefit Booklet carefully to familiarize yourself with the Plan's provisions and keep it handy for reference. To help you understand the terms of the Plan and what you need to do to get your maximum benefits, contact the Customer Service Helpline.

### MANAGED HEALTH CARE IN-NETWORK BENEFITS

Network Benefits are available through Providers listed in your Network directory.

To receive In-Network Benefits, **you must** choose Providers within the Network for all care (**other than for emergencies**). The Network has been established by BCBSTX and consists of Physicians, Specialty Care Providers, Hospitals, and other health care facilities to serve Participants throughout the Network Plan Service Area. Refer to your Provider Directory to make your selections. You may obtain a Provider Directory by calling the Customer Service Helpline at 1-866-314-0266 or by accessing the website at [www.bcbstx.com](http://www.bcbstx.com).

**Remember...**for Participants who elect the EPO Option, **you must** choose Providers within the Network for all care (other than for emergencies or unless otherwise authorized by the Claims Administrator).

To receive benefits for Mental Health Care, treatment of Serious Mental Illness, or treatment of Chemical Dependency, all care must be preauthorized.

Services and supplies for Mental Health Care, treatment of Serious Mental Illness, or treatment of Chemical Dependency must be provided by Network Providers that have specifically contracted with the Claims Administrator to furnish services and supplies for those types of conditions to be considered for In-Network Benefits.

If you choose a Network Provider, the Provider will bill the Claims Administrator - not you - for services provided. The Provider has agreed to accept as payment in full the lesser of:

- The billed charges;
- The Allowable Amount as determined by the Claims Administrator; or
- Other contractually determined payment amounts.

You are responsible for paying Deductibles, Co-payments, and Co-Share Amounts determined by the Plan option in which you enroll.

You may be required to pay for limited or non-covered services. No claim forms are required.

### MANAGED HEALTH CARE OUT-OF-NETWORK BENEFITS

If you choose Out-of-Network Providers, only Out-of-Network Benefits will be available.

If you go to a Provider outside the Network, benefits will be paid at the Out-of-Network Benefits level. If you choose a health care Provider outside the Network, you may have to submit claims for the services provided. You will be responsible for:

- Billed charges above the Claims Administrator's Allowable Amount;
- Co-payment and Co-Share Amounts;

## INTRODUCTION

- Deductibles;
- Preauthorization; and
- Limited or non-covered services.

**Remember...**for Participants who elect the EPO Option, if you **choose** to use Out-of-Network Providers, **no benefits will be available**. You will be responsible for all charges billed by the Out-of-Network Provider.

### TRADITIONAL OUT-OF-AREA BENEFITS

Out-of-Area Benefits are provided through a traditional indemnity arrangement for Participants who elect coverage under either the Low Deductible and High Deductible option.

You may have to submit claims for the services provided. You will be responsible for:

- Billed charges above the Claims Administrator's Allowable Amount;
- Co-Share Amounts;
- Deductibles;
- Preauthorization; and
- Limited or non-covered services.

### PRESCRIPTION DRUG PROGRAM

Benefits are available for Covered Drugs under the **PRESCRIPTION DRUG PROGRAM** as explained later in this Benefit Booklet.

## IMPORTANT TELEPHONE NUMBERS

### Customer Service Helpline:

**Toll free: 1-866-314-0266**

*Customer Service Representatives can:*

- Identify your Plan Service Area;
- Give you information about Network and *ParPlan* Providers;
- Distribute claim forms;
- Answer your questions on claims;
- Assist you in identifying a Network Provider (but will not recommend specific Network Providers);
- Provide information on the features of your Plan;
- Record comments about Providers; and
- Provide information regarding the Prescription Drug Program.

You can reach the Customer Service Helpline Monday through Friday from 8:00 a.m. to 8:00 p.m., Central Time.

### Mental Health Helpline:

**Toll free: 1-800-528-7264**

Network Physicians, Professional Other Providers, Participants, or anyone else seeking treatment for Mental Health Care, Serious Mental Illness, or Chemical Dependency for Participants can call the Mental Health Helpline at any time, day or night.

### Medical Preauthorization Helpline:

## INTRODUCTION

**Toll-free: 1-800-441-9188**

To satisfy all medical preauthorization requirements for Inpatient Hospital Admissions, *Extended Care Expense*, or Home Infusion Therapy, call the Medical Preauthorization Helpline, Monday through Friday, 7:30 a.m. – 6:00 p.m., Central Time.

### **LOW DEDUCTIBLE AND HIGH DEDUCTIBLE PLANS**

#### **Providers Participating in a Blue Cross and Blue Shield Par Provider network.**

The Claims Administrator has arranged with certain health care providers to participate in a network. These health care providers, called Network Providers, have agreed to discount their charges for Eligible or Covered Expenses. There is no difference in coverages provided, whether or not you use a Network Provider, if you are enrolled in the Low Deductible or High Deductible Plan.

However, if Network Providers are used, the amount of Eligible or Covered Expenses for which you are responsible will generally be less than the amount owed if Out-of-Network Providers had been used. The coinsurance level (the percentage of Eligible or Covered Expenses for which you are responsible) remains the same whether or not Network Providers are used. However, because the total charges for Eligible or Covered Expenses may be less when Network Providers are used, the portion that you owe may be less. In addition, you will not be required to pay amounts over reasonable and customary charges if a Network Provider is used.

You will be issued an Identification Card (ID Card) showing that you are eligible for the network discounts. You must show this ID Card every time health care services are given. This is how the provider knows that you are covered under a network plan. Otherwise, you could be billed for the provider's normal charge.

You may call Member Services to determine which providers participate in the Network. The telephone number for Member Services is on the ID Card.

#### **Deductibles Applicable to the Low Deductible and High Deductible Plans**

Each covered person must satisfy certain Deductibles when enrolled in the Low Deductible, High Deductible or PPO Plan, before any payment is made for certain Eligible or Covered Expenses. Then the medical benefits pay the percentage of Eligible or Covered Expenses shown in the Schedule of Coverage. The amount of each Deductible is shown in Schedule of Coverage.

##### Individual Deductible

You must pay the individual Deductible each Calendar Year before any benefits are payable. The individual Deductible applies to all Eligible or Covered Expenses.

##### Family Deductible

The most your whole family will have to pay for individual Deductibles in any Calendar Year is the amount of the family Deductible shown in the Schedule of Coverage. The family Deductible applies no matter how large a family may be. Only Eligible or Covered Expenses which count toward your individual Deductible count toward the family Deductible.

#### **Low Deductible and High Deductible Plan Co-Share Stop-Loss (Out-of-Pocket Maximum) Feature**

Eligible or Covered Expenses are payable at the percentage shown in the Schedule of Coverage until the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) shown in the Schedule of Coverage has been reached during a Calendar Year. Then, Eligible or Covered Expenses, other than those listed below are

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payable at 100% for the rest of that year, subject to any lifetime maximums. All Eligible or Covered Expenses that you pay, other than those shown below, count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

The following Eligible or Covered Expenses do not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) and will never be paid at 100%:

- Mental disorder treatment and Chemical Dependency treatment; and
- Outpatient prescription drugs.

Furthermore, any amount that you pay toward a medical service or supply that is not an Eligible or Covered Expense shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum). Therefore, the following amounts shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum):

- Services, supplies, or charges limited or excluded by the Plan;
- Billed charges above the Claims Administrator's Allowable Amount;
- Expenses not covered because a benefit maximum has been reached;
- Any Eligible or Covered Expenses paid by the Claims Administrator when the Plan is the secondary plan for purposes of coordination of benefits;
- Penalties applied for failure to preauthorize; and
- Any Co-payment amounts under the Prescription Drug Program.

Eligible or Covered Expenses for Out-of-Network Providers do not count toward the Network individual and Network family Co-Share Stop-Loss Amount (Out-of-Pocket

Maximum). Likewise, Eligible or Covered Expenses for Network Providers do not count toward the Out-of-Network individual and Out-of-Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

### Individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)

When the individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for any one person in a Calendar Year, Eligible or Covered Expenses, other than those listed in the subsection entitled "**Low Deductible and High Deductible Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature**" in this "**INTRODUCTION**" Section of the Benefit Booklet, are payable at 100% for that same person for the rest of that year, subject to any lifetime maximums.

### Family Co-Share Amount (Out-of-Pocket Maximum)

When the family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for all covered family members in a Calendar Year, Eligible or Covered Expenses, other than those listed in the subsection entitled "**Low Deductible and High Deductible Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature**" in this "**INTRODUCTION**" Section of the Benefit Booklet, are payable at 100% for the rest of that year, subject to any lifetime maximums.

## **PREFERRED PROVIDER ORGANIZATION (PPO) PLAN**

The Plan pays for Eligible or Covered Expenses received from both Network or Out-of-Network Providers. However, if you use Network Providers, the Plan pays a greater portion of Eligible or Covered Expenses. This is called the Network level.

If you use Out-of-Network Providers, the Plan pays a lesser portion of Eligible or Covered

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Expenses. This is called the Out-of-Network level. In certain cases, a higher level of benefits are payable. For example, payment is made at the Network level for Emergency Care given at an Out-of-Network Hospital, subject to reasonable and customary limits. Other benefits are also payable at the Network level for certain Out-of-Network Providers.

A directory of the Network Providers is available from the Claims Administrator. The following types of providers participate in the Network:

- Ambulatory Surgical Centers;
- Chiropractors;
- Durable Medical Equipment Providers;
- Home Health Care Providers;
- Home IV Providers;
- Hospices;
- Hospitals;
- Physical Therapists;
- Physicians;
- Podiatrists;
- Rehabilitation Facilities; and
- Skilled Nursing Facilities.

This Plan also covers specialized Providers and specialized facilities. These are types of Providers and facilities which are not represented in the Network. These Providers and facilities are not subject to the Network/Out-of-Network level of coverage. Instead these types of Providers and facilities are covered up to the Allowable Amount at the Network level. The following are examples of specialized Providers or specialized facilities:

- Birth Centers;
- Hospices; and
- Home Health Care Agency.

### Network Benefits

This Plan pays the Network percentage for Network Provider services as shown in the Schedule of Coverage. See Schedule of

Coverage for a complete description of any Deductibles that may apply under this Plan.

### Out-of-Network Providers Paid At Network Level

**Radiology, anesthesiology, and pathology** services are paid at the Network level. Services must be given in one of the settings shown below:

- Inpatient Hospital;
- Outpatient facility which is part of a Hospital; or
- Ambulatory Surgical Center.

**Emergency Care** is payable at the Network level, even if services are received from an Out-of-Network Provider.

### Network Provider Charges Not Covered

A Network Provider has contracted with the Claims Administrator to participate in the Network. Under this contract a Network Provider may not charge you or the Claims Administrator for any services or supplies which are not Medically Necessary.

You may agree with the Network Provider to pay any charges for services and supplies which are not Medically Necessary. In this case, the Network Provider may make charges to you. However, these charges are not Eligible or Covered Expenses under this Plan and are not payable by the Claims Administrator.

### Out-of-Network Benefits

This Plan pays the Out-of-Network percentage of Eligible or Covered Expenses as shown in the Schedule of Coverage for Out-of-Network Provider services.

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### **Deductibles Applicable to the PPO Plan**

See Schedule of Coverage for a complete description of the Deductibles that apply under this Plan.

Each covered person must satisfy certain Deductibles before any payment is made by the Plan for certain Eligible or Covered Expenses. After the applicable Deductible is satisfied, the Plan pays the percentage of Eligible or Covered Expenses shown in the Schedule of Coverage. The amount of each Deductible is shown in the Schedule of Coverage.

#### Individual Deductible

The Network individual Deductible applies to all Eligible or Covered Expenses charged by a Network Provider. It applies each Calendar Year.

#### Family Deductible

The most a family will have to pay for Network individual Deductibles in any Calendar Year, no matter how large a family may be, is the amount of the Network family Deductible.

### **PPO Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature**

Eligible or Covered Expenses are payable at the percentage shown in the Schedule of Coverage until any Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) shown in the Schedule of Coverage has been reached during a Calendar Year. Then, Eligible or Covered Expenses, other than those listed below are payable, subject to any lifetime maximum, at 100% for the rest of that year. All Eligible or Covered Expenses that you pay, other than those shown below, count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

The following Eligible or Covered Expenses do not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) and will never be paid at 100%:

- Mental disorder treatment and Chemical Dependency treatment; and
- Outpatient prescription drugs.

Furthermore, any amount that you pay toward a medical service or supply that is not an Eligible or Covered Expense shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum). Therefore, the following amounts shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum):

- Services, supplies, or charges limited or excluded by the Plan;
- Expenses not covered because a benefit maximum has been reached;
- Any Eligible or Covered Expenses paid by the Claims Administrator when the Plan is the secondary plan for purposes of coordination of benefits;
- Billed charges above the Claims Administrator's Allowable Amount; and
- Any Co-payment amounts under the Prescription Drug Program.

Eligible or Covered Expenses for Out-of-Network Providers do not count toward the Network individual and Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum). Likewise, Eligible or Covered Expenses for Network Providers do not count toward the Out-of-Network individual and Out-of-Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

### **Network Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)**

#### Individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)

## INTRODUCTION

When the Network individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for any one covered person in a Calendar Year, Network Eligible or Covered Expenses, other than those listed in the in the subsection entitled **“PPO Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature”** in this **“INTRODUCTION”** Section of the Benefit Booklet, are payable at 100% for that same person for the rest of that year, subject to any lifetime maximum.

### Family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)

When the Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for all covered family members in a Calendar Year, Network Eligible or Covered Expenses, other than those listed in the in the subsection entitled **“PPO Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature”** in this **“INTRODUCTION”** Section of the Benefit Booklet, , are payable, subject to any lifetime maximum, at 100% for that same person for the rest of that year.

### **Out-of-Network Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)**

### Individual Co-Share Stop-Loss Amount Out-of-Pocket Maximum

When the Out-of-Network individual Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for any covered person in a Calendar Year, Out-of-Network Eligible or Covered Expenses, other than those listed in the in the subsection entitled **“PPO Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature”** in this **“INTRODUCTION”** Section of the Benefit Booklet, are payable, subject to the lifetime maximum, at 100% for that person for the rest of that year. Out-of-Network charges paid at the Network level are not paid at 100% until the Network Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached.

### Family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum)

When the Out-of-Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached for all covered family members in a Calendar Year, Out-of-Network Eligible or Covered Expenses, other than those listed in the in the subsection entitled **“PPO Plan Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) Feature”** in this **“INTRODUCTION”** Section of the Benefit Booklet, subject to the lifetime maximum, are payable at 100% for all covered family members for the rest of that year. Out-of-Network Charges paid at the Network level are not paid at 100% until the Network Co-Share Stop-Loss Amount (Out-of-Pocket Maximum) is reached.

## **EXCLUSIVE PROVIDER ORGANIZATION (EPO) PLAN**

The EPO Plan pays for Eligible or Covered Expenses received from Network Providers. **In order to receive benefits under the EPO Plan you must receive care from a Network Provider.**

The EPO Plan pays benefits for mental disorder treatments at the Network level, as shown in the Schedule of Coverage, if you receive a referral from Magellan before receiving care from a Network Provider.

### Emergency Care

In an emergency, any Emergency Care is payable at the Network level as shown in the Schedule of Coverage regardless of whether you receive services from a Network or Out-of-Network Provider.

### Network Provider Charges Not Covered

A Network Provider contracts with the Claims Administrator to participate in the Network. Under the terms of this contract a Network Provider may not charge you or the Claims

## INTRODUCTION

Administrator for any services or supplies which are not Medically Necessary as determined by medical management. However, charges above the reasonable and customary amount are not payable.

You may agree with the Network Provider to pay any charges for services or supplies which are not Medically Necessary. In this case, the Network Provider may make charges to you. However, these charges are not Eligible or Covered Expenses under the Plan and are not payable by the Claims Administrator.

### **Co-payments Applicable to the EPO Plan**

Before medical benefits are payable, each covered person must satisfy certain Co-payments. A Co-payment is the amount of an Eligible or Covered Expenses you must pay to a Network Provider at the time services are given. The amount of each Co-payment is shown in the Schedule of Coverage. An Eligible or Covered Expense can only be used to satisfy one Co-payment.

#### Inpatient Co-payment

The “Inpatient Co-payment” applies to each confinement in a Network Hospital or Network Rehabilitation Facility.

#### Office Visit Co-payment

The “Office Visit Co-payment” applies to Network Physicians services. It also applies to Network physical therapists services if the physical therapist bills for his/her services separately from any other charges. It applies to all Eligible or Covered Expenses given in connection with each office visit.

The Office Visit Co-payment does not apply to the prenatal and postnatal office visits to the Network obstetrician/ gynecologist who is primarily responsible for maternity care.

#### Emergency Room Co-payment

The “Emergency Room Co-payment” applies to Hospital emergency room services. It applies to each emergency room visit. Emergency room services are payable only if it is determined that the services are Medically Necessary, and there is not a less intensive or more appropriate place of service, or a diagnostic or treatment alternative that could have been used in lieu of emergency room services. (See definition of Emergency Care.) The Emergency Room Co-payment does not apply if you are subsequently admitted as a Hospital inpatient.

#### Urgent Care Center Co-payment

The “Urgent Care Center Co-payment” applies to Network Physician’s services given in a Network walk-in urgent care center.



## ELIGIBILITY AND PARTICIPATION

### ELIGIBILITY FOR EMPLOYEES

You are eligible to participate as an employee if you are a regular full-time employee of Atmos Energy Corporation (“Atmos”) other than an employee who is covered by a collective bargaining agreement between a union and Atmos, where the collective bargaining agreement does not provide for coverage under this Plan. Employees must be legal residents of the United States in order to participate in the Plan.

New employees are eligible to enroll on their date of hire.

### ELIGIBILITY FOR DEPENDENTS

Dependents are:

- Your wife or husband;
- Your unmarried children who are under age 19; and
- Your unmarried children who are age 19 but under age 25 and are registered students in regular full-time attendance (at least 12 semester hours) at a licensed or accredited school. For coverage to continue during vacation periods, the child must be scheduled to enter school on the next enrollment date.

Dependent children must be provided over one-half of their support by you for a Calendar Year. The determination of whether over one-half of a child’s support has been provided is governed by the rules of Section 152 of the Internal Revenue Code of 1986, as amended, and guidance published thereunder.

A dependent child must have the same principal place of abode as you for more than one-half of the Calendar Year, unless the child is not a “qualifying child” of another person for

purposes of Section 152 of the Internal Revenue Code of 1986, as amended, and guidance published thereunder.

Children include the following:

- Your stepchild;
- Your legally adopted child. (A child is considered legally adopted upon your assumption and retention of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. A child’s placement for adoption terminates upon the termination of the legal obligation for total or partial support. A child who is immediately adopted by you without a preceding placement for adoption is considered to be placed for adoption on the date of adoption); and
- Any other child who is related by blood or marriage to you, who is not a “qualifying child” of another person for purposes of Section 152 of the Internal Revenue Code of 1986, as amended, and who is living with you, as a member of your household, in a parent-child relationship. In the case of a newborn child, other than your natural child, you would be required to obtain legal guardianship prior to the child becoming a covered dependent.
- A mentally or physically incapacitated child’s coverage will not end due to age, and he or she shall remain a “child” for purposes of dependent eligibility. Coverage will continue as long as dependent coverage under this Plan continues and the child continues to meet the following conditions:
  - The child is incapacitated; and

## ELIGIBILITY AND PARTICIPATION

- The child is not capable of self-support.

You must give the Claims Administrator proof that a dependent meets these conditions when requested. The Claims Administrator will not ask for proof more than once a year.

A dependent who lost his or her eligibility as a dependent but who thereafter meets the definition of a full time student may re-enroll in the Plan, provided the other requirements to be a dependent are satisfied.

Dependents must be legal residents of the United States in order to participate in the Plan.

### WHEN COVERAGE STARTS

#### Your Coverage

You must enroll for coverage under the Plan. Refer to the subsection entitled **“HOW TO ENROLL”** under this **“ELIGIBILITY AND PARTICIPATION”** Section of the Benefit Booklet for information on how to enroll.

Coverage starts on the date you enroll for coverage when you are first eligible to participate, during an Annual Enrollment Period or Special Enrollment Period, or when a Change in Status occurs.

#### Your dependent’s Coverage

You must enroll your dependents for coverage under the Plan. Refer to the subsection entitled **“HOW TO ENROLL”** under this **“ELIGIBILITY AND PARTICIPATION”** Section of the Benefit Booklet for information on how to enroll.

Coverage starts on the latest of:

- The date you become covered;
- The date you acquire your first dependent; or

- The date you enroll your dependent for coverage.

### Qualified Medical Child Support Order

If, as a result of a divorce or legal separation, your child is not otherwise eligible to be covered by the Plan, it may be possible to obtain coverage through a Qualified Medical Child Support Order (“QMCSO”) or a National Medical Support Notice (a “NMSN”). A QMCSO is any judgment, order or decree issued by a court of competent jurisdiction that includes certain information and relates to the medical plan or insurance coverage of a child of a Plan participant. A NMSN is issued by a state or governmental agency and provides for health benefit coverage for a child of a Plan participant. A QMCSO or a NMSN cannot require a plan to provide any type or form of benefit or any option not already provided by the Plan. The QMCSO must specify the name and address of the participant and each alternate recipient, describe the type of coverage to be provided and the period for which the coverage is to be provided, and specify the plan to which the QMCSO applies.

If you or a dependent is required by a medical child support order or NMSN to provide health benefit coverage for any of your children (an alternate recipient), you must submit that order or notice to Dallas Human Resources at Atmos for a determination as to whether it is a QMCSO or a properly completed NMSN (which is deemed to be a QMCSO) as defined in the Omnibus Budget Reconciliation Act of 1993 and the Child Support Performance and Incentive Act of 1998. The order or notice must be submitted within 31 days after the order becomes effective or, if later, within the time for initially enrolling your dependents for coverage. Contact the Plan Administrator for additional information regarding QMCSOs.

If you or a dependent is required by a QMCSO or NMSN to provide health benefit coverage for

## ELIGIBILITY AND PARTICIPATION

any of your children, and you are not already enrolled as an employee for health benefit coverage, you must enroll for health benefit coverage at the same time you would enroll your child for coverage in order to comply with the terms of the QMCSO or NMSN.

### Special Provision for Newborn Children

You must enroll each of your dependents for dependent coverage if they are to be covered under the Plan. **If you currently have dependent coverage, you must still notify Dallas Human Resources at Atmos of the addition of a new dependent within 31 days after you acquire a new dependent (that is within 31 days of the child's birth, adoption or placement for adoption). However, even if you are not enrolled for dependent coverage, the health benefits of the group plan are payable for your newborn child from birth for 31 days. You must file a written request with your Employer to deduct the required contributions from your pay for dependent coverage during the first 31 days in order for the child to be a timely enrollee.**

### HOW TO ENROLL

You can enroll for coverage by submitting a completed enrollment form to your Employer. The enrollment form authorizes your Employer to deduct the required contributions from your pay. You will be able to enroll during the 31-day period following the date you first become eligible to participate, during an Annual Enrollment Period, a Special Enrollment Period, or when a Change in Status occurs, as applicable.

You must enroll for employee coverage in order to enroll for dependent coverage. You must enroll each dependent you want covered under the Plan.

Generally, you should enroll your dependents when you enroll for coverage. However, there may be additional time periods during which

you can enroll your dependents. Refer to the subsections entitled "**Qualified Medical Child Support Order**," "**Special Provision for Newborn Children**" and "**Special Enrollment Periods**" under this "**ELIGIBILITY AND PARTICIPATION**" Section for information on other potential dependent enrollment periods.

No person can be covered both as an employee and as a dependent. No person can be covered as a dependent of more than one employee under the Plan.

### Annual Enrollment Period

An Annual Enrollment Period is a period of time each year during which you may enroll in one of the options offered under the Plan. The Annual Enrollment Period is agreed on by your Employer. This Annual Enrollment Period occurs once each Calendar Year and you will be notified as to when it is scheduled.

During the Annual Enrollment Period, you will have the right to change your election of the Low Deductible, High Deductible, PPO or EPO.

You and your eligible dependents must enroll in the same plan.

### Special Enrollment Periods

Under certain circumstances, an employee and/or dependent may enroll under a dependent Special Enrollment Period or a Loss of Coverage Special Enrollment Period. A Loss of Coverage Special Enrollment Period is available to a person who meets each of the following conditions:

- The employee or dependent can enroll under a Loss of Coverage Special Enrollment Period if the employee or dependent was covered under a group health plan or had health insurance coverage at the time coverage under this Plan was previously offered to the employee or dependent; and

## ELIGIBILITY AND PARTICIPATION

- The employee's or dependent's prior coverage was one of the following:
  - COBRA continuation which was exhausted; or
  - Non-COBRA coverage which was terminated either as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment, or reduction in the number of hours of employment) or employer contributions towards such coverage were terminated.

The employee must request enrollment under this Plan not later than 31 days after the date of the end of the COBRA continuation, termination of coverage, or termination of the Employer contribution. You must provide any proof of the loss of coverage that is requested by the Plan Administrator and/or the Claims Administrator.

A Dependent Special Enrollment Period permits certain dependents of a participant to take advantage of a Special Enrollment Period under certain circumstances, if they request enrollment on a timely basis. A Dependent Special Enrollment Period is available to dependents acquired through marriage, birth, adoption, or placement for adoption. The Dependent Special Enrollment Period is the 31 -day period which begins with the date the person becomes a dependent (i.e. the date of the marriage, birth, adoption or placement for adoption). You must provide any proof of the new dependent that is requested by the Plan Administrator and/or the Claims Administrator.

If a subsequent dependent is enrolled, the employee must enroll at the same time if not already covered. In addition, any of the employee's other dependents may be enrolled at the same time, if not already covered, subject to the same enrollment requirements.

You should contact the Plan Administrator if you have any questions about Loss of Coverage or Dependent Special Enrollment Periods.

### Late Enrollees

A late enrollee is a person who does not enroll when they are first eligible to enroll in the plan or during a Special Enrollment Period. A late enrollee can enroll only during an Annual Enrollment Period. A late enrollee is also subject to the Preexisting Condition exclusion. For more information about the Preexisting Condition exclusion, refer to the subsection of this Benefit Booklet entitled "**PREEXISTING CONDITION PROVISIONS**" in the "**HOW TO RECEIVE HEALTHCARE BENEFITS**" Section.

### PARTICIPANT CONTRIBUTIONS

The coverage under this Plan is contributory. The contribution rates to participate in a specific Plan option and coverage level are subject to change each year based on two elements (1) the cost to administer the Plan and (2) the Plans claim experience. Each Plan Year's rates will be communicated during the Annual Enrollment Period for that Plan Year. The Company employs an outside actuary to develop the required contribution rates using the contracted administrative and projected net claims costs for that Plan Year. The developed rates reflect the Company's cost sharing philosophy for participants - 20% of these costs.

### CHANGE OF ELECTION

Midyear changes to your Plan election which cause an adjustment to contributions are permitted only when there is a "Change in Status." You must provide proof of the Change in Status, as requested by the Plan Administrator and/or the Claims Administrator.

The following events constitute a Change in Status:

## ELIGIBILITY AND PARTICIPATION

- A change in legal marital status. Events that change an employee's legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment;
- A change in the number of dependents. Events that change an employee's number of dependents including birth, adoption, placement for adoption, or death of a dependent;
- A change in employment status. A termination or commencement of employment by the employee, spouse, or dependent;
- A change in work schedule. A reduction or increase in hours of employment by the employee, spouse, or dependent, including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence;
- A change in dependent status. An event that causes an employee's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance as provided in this Plan; or
- A change in residence or worksite. A change in the place of residence or work of the employee, spouse or dependent.

You may also be able to make mid-year changes under the Atmos Energy Corporation Flexible Benefits Plan under the following circumstances:

- Significant changes in the cost of your benefit;
- Significant changes in the coverage of your benefit;
- You, your spouse, or your dependent become eligible for COBRA continuation

coverage or become eligible (or cease to be eligible) for Medicare or Medicaid; and

- You, your spouse or your dependent have a Loss of Coverage Special Enrollment Period as described below.

There may be other circumstances that result in a mid-year election change to your benefits. You should review the Atmos Energy Corporation Flexible Benefits Plan Summary Plan Description for more information on mid-year election changes to your medical benefits.

### Consistency Rule

Your revocation of a Plan election during a period of coverage and new election for the remaining portion of the period (referred to below as an "election change") must be consistent with the Change in Status. An election change is consistent with a Change in Status if, and only if:

- The Change in Status results in the employee, spouse, or dependent gaining or losing eligibility for coverage under this Plan or a medical plan of the spouse's or dependent's employer; and
- The election change corresponds with that gain or loss of coverage.

**Enrollment during a Plan Year because of a Change in Status can only be accepted within the first 31 days following the Change in Status. Your election must follow the Consistency Rule for a Change in Status.**

A dependent pregnancy is not classified as a Change in Status. This means if you were not enrolled in the Plan or your dependent was not already covered by the Plan, your dependent's pregnancy would not permit you to add coverage or change coverage levels to add your dependent.

## **ELIGIBILITY AND PARTICIPATION**

### **WHEN COVERAGE STOPS**

Coverage will stop on the earliest of the following:

- When you stop being an eligible employee (as defined above);
- When you stop making contributions; or
- When the Plan stops.

Your dependent's coverage will stop when he is no longer an eligible dependent, or when your coverage stops, if earlier.

## HOW TO RECEIVE HEALTHCARE BENEFITS

### CONTRACTING/NON- CONTRACTING FACILITIES

The Claims Administrator has written contracts with many (but not all) Hospitals and Facility Other Providers. Those institutions are Contracting Facilities. An institution without a written contract with the Claims Administrator is a Non-Contracting Facility.

In an emergency situation, the immediate, initial treatment necessary to stabilize the Participant furnished by any Hospital is subject to the benefits provided by the Plan.

#### **PARPLAN**

*For employees residing in the state of Texas*

When you consult a Physician or Professional Other Provider, you should inquire if he participates in the Claims Administrator's *ParPlan*, a simple direct-payment arrangement. If the Physician or Professional Other Provider participates in the *ParPlan*, he agrees to:

- File all claims for you;
- Accept the Claims Administrator's Allowable Amount determination as payment for Medically Necessary services; and
- Not bill you for services over the Allowable Amount determination.

You will be responsible for any applicable Deductibles, Co-Share Amounts, or services that are limited or not covered under the Plan.

If your Physician or Professional Other Provider does not participate in the *ParPlan*, you will be responsible for filing the claims, and you may be billed for charges above the Claims Administrator's Allowable Amount determination. Information on how to file claims is included in the subsection of this

Benefit Booklet entitled "CLAIM FILING PROCEDURES" in the "HOW TO RECEIVE HEALTHCARE BENEFITS" Section.

**Note:** For employees residing outside the state of Texas, check with your Physician or Professional Other Provider to determine if he participates as a contracting provider with Blue Cross and Blue Shield.

### BLUE CROSS AND BLUE SHIELDS' OTHER SEPARATE FINANCIAL ARRANGEMENTS WITH PROVIDERS

#### BLUE CARD

Other Blue Cross and Blue Shield Plans outside of Texas ("Host Blue") may have contracts similar to the *ParPlan* contracts described above with certain Providers ("Host Blue Providers") in their service area.

When you receive health care services through BlueCard outside of Texas and from a Provider which does not have a contract with Blue Cross and Blue Shield, the amount you pay for Covered Services is calculated on the lower of:

- The billed charges for your covered services; or
- The negotiated price that the Host Blue passes on to Blue Cross and Blue Shield.

Often, this "negotiated price" will consist of a simple discount which reflects the actual price paid by the Host Blue. Sometimes, however, it is an estimated price that factors into the actual price increases or reductions to reflect aggregate payment from expected settlements, withholds, any other contingent payment arrangements and non-claims transactions with your health care provider or with a specified group of providers. The negotiated price may also be billed charges reduced to reflect an average expected savings

## HOW TO RECEIVE HEALTHCARE BENEFITS

with your health care provider or with a specified group of providers. The price that reflects average savings may result in greater variation (more or less) from the actual price paid than will the estimated price. The negotiated price will also be adjusted in the future to correct for over- or under-estimation of past prices. However, the amount you pay is considered a final price.

Statutes in a small number of states may require the Host Blue to use a basis for calculating liability for covered services that does not reflect the entire savings realized or expected to be realized on a particular claim or to add a surcharge. Should any state statutes mandate your liability calculation methods that differ from the usual BlueCard method noted above or require a surcharge, Blue Cross and Blue Shield would then calculate your liability for any covered health care services in accordance with the applicable state statute in effect at the time you received your care.

### SPECIALTY CARE PROVIDERS

#### *Applies to In-Network and Out-of-Network*

A wide range of Specialty Care Providers is included in the Network. When you need a specialist's care, In-Network Benefits will be available, but only if you use a Network Provider.

There may be occasions however, when you need the services of an Out-of-Network Provider. This could occur if you have a complex medical problem that cannot be taken care of by a Network Provider.

- If specialty care by an Out-of-Network Provider is needed, In-Network Benefits may still be available if a Network Physician notifies the Claims Administrator, and the Claims Administrator acknowledges your visit to an Out-of-Network Provider prior to the visit; otherwise, Out-of-Network Benefits will be paid and the claim will have

to be resubmitted for review and adjustment, if appropriate. **For Participants who elect the EPO Plan, no benefits will be paid by the Plan for specialty care by an Out-of-Network Provider without prior authorization;** or

- If the services you require are covered by this Plan, but not available from Network Providers, In-Network Benefits will be provided when you use Out-of-Network Providers, if prior authorization is received. For more information on prior authorization, refer to the "PREAUTHORIZATION REQUIREMENTS" subsection in this "HOW TO RECEIVE HEALTHCARE BENEFITS" Section of the Benefit Booklet.

#### Participants electing the PPO Plan

If you elect to see an Out-of-Network Provider and if the services could have been provided by a Network Provider, only Out-of-Network Benefits will be available.

#### Participants electing the EPO Plan

Network Benefits for authorized Out-of-Network services will be paid based on the Allowable Amount for Hospitals and Facility Other Providers, and Physicians or Professional Other Providers **not** contracting with BCBSTX (or any other Blue Cross and Blue Shield Plan outside of Texas.) If the Allowable Amount is less than the amount charged by the Provider, you may be billed for the balance. (See Allowable Amount definition.) If you **choose** to see an Out-of-Network Provider without prior authorization, **no benefits will be paid by the Plan.** For more information on prior authorization, refer to the subsection entitled "PREAUTHORIZATION REQUIREMENTS" in this "HOW TO RECEIVE HEALTHCARE BENEFITS" Section of the Benefit Booklet.

### MEDICAL NECESSITY



## HOW TO RECEIVE HEALTHCARE BENEFITS

All services and supplies for which benefits are available under the Plan must be Medically Necessary as determined by the Claims Administrator.

Charges for services and supplies which the Claims Administrator determines are not Medically Necessary will not be eligible for benefit consideration and may not be used to satisfy Deductibles or to apply to the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

The fact that a Physician has performed or prescribed a procedure or treatment, or the fact that it may be the only treatment for a particular injury, sickness, mental illness or pregnancy does not mean that it is a Medically Necessary service or supply as defined by the Plan. See the "Medically Necessary" definition in the Section of this Benefit Booklet entitled "DEFINITIONS."

### PREEXISTING CONDITIONS PROVISIONS

#### Notice of Preexisting Condition Exclusion

If you are (or will be) eligible to participate in the Plan, a federal law (called HIPAA) requires that we notify you about the Preexisting Condition exclusion provisions in the Plan. The Plan imposes a Preexisting Condition exclusion. This means that coverage for you and your dependents' Preexisting Conditions "may" be excluded for up to 12 months. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the three-months period preceding your initial Effective Date under the Plan. (See "Effective Date" definition later in this Benefit Booklet). Generally, this three-month period ends the day before your coverage becomes effective or before the first day of any applicable waiting period for coverage, if earlier. The Preexisting Condition exclusion does not apply to pregnancy nor to a child for whom enrollment is

requested within 30 days after birth, adoption, or placement for adoption.

The Preexisting Condition exclusion may last up to 12 months from your first day of coverage. However, you can reduce the length of the Preexisting Condition exclusion by the number of days of your prior "creditable coverage." Most prior health coverage, including but not limited to coverage under a group health plan, individual health insurance coverage, a State health benefits risk pool, Medicare, Medicaid, student health insurance, and certain other coverages, can be used to reduce the length of the Preexisting Condition exclusion, provided that you have not experienced a break in coverage of 63 days or more. (Waiting periods are not considered breaks in coverage). Your Preexisting Condition exclusion will be reduced one day for each day of creditable coverage demonstrated, provided that the coverage is not separated by a break in coverage of 63 days or more.

In order for the 12-month Preexisting Condition limitation period to be shortened, you must demonstrate proof of prior creditable coverage. To demonstrate proof of creditable coverage, you should provide a "certificate of creditable coverage" from the prior plan and proof of any prior waiting periods for coverage. The certificate of creditable coverage provides information pertaining to the amount of time the individual was covered under a previous plan.

If you do not have a certificate of creditable coverage, but you do have prior health coverage, you have the right to request a certificate of creditable coverage from a previous employer, or plan, or issuer. If, after making reasonable efforts, you have difficulty getting a certificate from your prior plan, please contact us at the address or phone number below, and we will attempt to assist you. You may also demonstrate proof of your prior health benefit coverage by presenting evidence of your prior health benefit coverage with documents such as explanation of benefits issued to you, identification cards, pay

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stubs showing health insurance deductions to support your signed statement attesting your coverage.

All questions about the Preexisting Condition exclusion and creditable coverage should be directed to the Plan Administrator at the following address P.O. Box 650205, Dallas, Texas 75265, Attn: Plan Administrator or telephone number (972) 934-9227.

### PREAUTHORIZATION REQUIREMENTS

Preauthorization establishes in advance the Medical Necessity of certain care and services covered under this Plan. It ensures that the preauthorized care and services described below will not be denied on the basis of Medical Necessity. **However, preauthorization does not guarantee payment of benefits. Coverage is always subject to other requirements of the Plan, such as Preexisting Conditions, limitations and exclusions, payment of contributions, and eligibility at the time care and services are provided.**

Preauthorization is simple. You, your Physician, Provider of services, or a family member calls one of the toll-free numbers listed on the back of your Identification Card. The call should be made between 7:30 a.m. and 6:00 p.m. Central Time on business days. Calls made after working hours or on weekends will be recorded and returned the next working day. A benefits management nurse will follow up with your Provider's office. In most cases, preauthorization is made within minutes on the telephone with your Provider's office.

**The following types of services require preauthorization:**

- All inpatient admissions;
- Extended Care Expense;
- Home Infusion Therapy;

- All treatment of Chemical Dependency;
- All treatment of Mental Health Care preauthorized by the Employee Assistance Program (EAP) (including Serious Mental Illness);
- If you transfer to another facility or to or from a specialty unit within the facility; and
- Out-of-Area coverage.

### Participants electing the PPO Plan

***In-Network:*** In-Network Benefits will be available if you use a Network Provider or Specialty Care Provider. In-Network Providers will preauthorize services for you, when required.

***Out-of-Network:*** If you elect to use Out-of-Network Providers for services and supplies available In-Network, Out-of-Network Benefits will be paid. Failure to preauthorize services will be subject to guidelines described below.

However, if care is not available from Network Providers as determined by the Claims Administrator, and the Claims Administrator acknowledges your visit to an Out-of-Network Provider **prior to the visit**, In-Network Benefits will be paid; otherwise, Out-of-Network Benefits will be paid and the claim will have to be resubmitted for review and adjustment, if appropriate.

***Out-of-Area:*** If you receive your care in a Contracting Facility and the services have been preauthorized, Out-of-Area Benefits will be available, subject to all Plan provisions. Failure to preauthorize services will be subject to guidelines described below.

### Participants electing the EPO Plan

***In-Network:*** Network Providers will preauthorize services for you, when required.

## HOW TO RECEIVE HEALTHCARE BENEFITS

**Out-of-Network:** If you choose to use Out-of-Network Providers for services and supplies available in the Network, **no benefits will be paid under this Plan.**

However, if care is not available from Network Providers, you must seek preauthorization from the Claims Administrator to use an Out-of-Network Provider. You or your Network Provider must contact the Claims Administrator to receive a referral authorization **prior** to use of the Out-of-Network Provider. If you receive the referral authorization, from the Claims Administrator, Network Benefits will be paid based on the Allowable Amount for Out-of-Network Providers. You may be billed for any difference between the Allowable Amount and the amount charged by the Provider. If you fail to request preauthorization for Out-of-Network benefits, **no benefits will be paid by the Plan.**

To request authorization, ask your Network Provider to contact the Claims Administrator, or you may contact Customer Service at the number shown on your Identification Card.

### **Failure to Preauthorize**

If preauthorization for *each inpatient Hospital Admission, Extended Care Expense, Home Infusion Therapy, and Chemical Dependency, Mental Health Care (including Serious Mental Illness)*, as described, is not obtained:

- The Claims Administrator will review the Medical Necessity of your treatment prior to the final benefit determination;
- If the Claims Administrator determines the treatment or service is not Medically Necessary, benefits will be denied; or
- If a Hospital Admission or extension for any treatment or service described below is not preauthorized and it is determined that the admission or extension was not Medically Necessary, benefits will be reduced or denied.

### ***Inpatient Admissions***

In the case of an elective inpatient admission, the call for preauthorization should be made at least two working days before you are admitted, unless it would delay Emergency Care. In an emergency, preauthorization should take place within two working days after admission, or as soon thereafter as reasonably possible.

When an inpatient admission is preauthorized, a length-of-stay is assigned. The Plan is required to provide a minimum length of stay in a Hospital facility for the following:

- Maternity Care:
  - 48 hours following an uncomplicated vaginal delivery; or
  - 96 hours following an uncomplicated delivery by caesarean section.
- Treatment of Breast Cancer:
  - 48 hours following a mastectomy; or
  - 24 hours following a lymph node dissection.

If you require a longer stay than was first preauthorized, your Provider may seek an extension for the additional days. Benefits will not be available for room and board charges for medically unnecessary days.

### ***Extended Care Expense and Home Infusion Therapy***

Preauthorization for Extended Care Expense and Home Infusion Therapy may be obtained by having the agency or facility providing the services contact the Claims Administrator to request preauthorization. The request should be made:

- Prior to initiating Extended Care Expense or Home Infusion Therapy;

## HOW TO RECEIVE HEALTHCARE BENEFITS

- When an extension of the initially preauthorized service is required; and
- When the treatment plan is altered.

The Claims Administrator will review the information submitted prior to the start of Extended Care Expense or Home Infusion Therapy. The Claims Administrator will send a letter to you and the agency or facility confirming preauthorization or denying benefits.

If Extended Care Expense or Home Infusion Therapy is to take place in less than one week, the agency or facility should call the Medical Preauthorization Helpline.

If the Claims Administrator has given notification that benefits for the treatment plan requested will be denied based on information submitted, claims will be denied.

**To satisfy all medical preauthorization requirements for Inpatient Hospital Expense, Extended Care Expense, or Home Infusion Therapy, call:**

**Toll-free: 1-800-441-9188**

### *Chemical Dependency, Mental Health Care (including Serious Mental Illness)*

All **inpatient** treatment of Chemical Dependency and Mental Health Care (including Serious Mental Illness) should be preauthorized, regardless of whether the treatment is provided by an In-Network, Out-of-Network or Out-of-Area provider.

All **outpatient** treatment of Chemical Dependency, Serious Mental Illness, and Mental Health Care should be preauthorized, regardless of whether the treatment is provided by an In-Network or Out-of-Network provider. Your Provider should contact the EAP for the names of Network Providers.

You or your Provider should contact the Mental Health Helpline for a referral to Network Providers who have entered into a managed care arrangement with the EAP to furnish services and supplies for Mental Health Care (including Serious Mental Illness) or treatment of Chemical Dependency. When your services have been preauthorized and are provided by the Network Provider, In-Network Benefits will be available.

**To satisfy preauthorization requirements for Mental Health Care (including Serious Mental Illness) or Chemical Dependency, call the Magellan EAP  
Toll-free: 1-800-421-1768**

## CASE MANAGEMENT

Under certain circumstances, the Plan allows the Claims Administrator the flexibility to offer benefits for expenses which are not otherwise Eligible or Covered Expenses. The Claims Administrator, at its sole discretion, may offer such benefits if:

- The Participant, his family, and the Physician agree;
- Benefits are cost effective; and
- The Claims Administrator anticipates future expenditures for Eligible or Covered Expenses that may be reduced by such benefits.

Any decision by the Claims Administrator to provide such benefits shall be made on a case-by-case basis. The case coordinator for the Claims Administrator will initiate case management in appropriate situations.

## CLAIM FILING PROCEDURES

### Filing of Claims Required

#### *Notice of Claim*

You must give written notice to the Claims Administrator within 12 months, or as soon as

## HOW TO RECEIVE HEALTHCARE BENEFITS

reasonably possible, after any Participant receives services for which benefits are provided under the Plan.

### *Claim Forms*

Claim forms for filing Proof of Loss are available on the Atmos intranet and may also be obtained by calling customer service at 1-866-314-0266.

The Claims Administrator for the Plan must receive claims prepared and submitted in the proper manner and form, in the time required, and with the information requested before it can consider any claim for payment of benefits.

### **Who Files Claims**

Providers that contract with the Claims Administrator and some other health care Providers (such as *ParPlan* Providers in the state of Texas) will submit your claims directly to the Claims Administrator for services provided to you or any of your covered dependents. At the time services are provided, inquire if the Provider will file claim forms for you. To assist Providers in filing your claims, you should carry your Identification Card with you.

### *Contracting Providers*

When you receive treatment or care from a Provider or Covered Drugs dispensed from a Pharmacy that contracts with the Claims Administrator, you will generally not be required to file claim forms. The Provider will usually submit the claims directly to the Claims Administrator for you.

### *Non-Contracting Providers*

When you receive treatment or care from a health care Provider or Covered Drugs dispensed from a Pharmacy that does not contract with the Claims Administrator, you may be required to file your own claim forms. Some Providers, however, will do this for you. If the Provider does not submit claims for you, refer to

the subsection of this Benefit Booklet entitled “**Participant-Filed Claims**” in this “**HOW TO RECEIVE HEALTHCARE BENEFITS**” Section for instruction on how to file your own claim forms.

### *Mail Service Prescription Drug Program*

When you receive Covered Drugs dispensed through the Mail Service Prescription Drug Program, you must complete and submit the mail service prescription drug claim form to the address on the claim form. Additional information may be obtained from Human Resources at Atmos, from the BCBSTX website, or by calling the Customer Service Helpline at 1-866-314-0266.

### *Participant-Filed Claims*

#### Medical Claims

If your Provider does not submit your claims, you will need to submit them to the Claims Administrator using a subscriber-filed claim form provided by the Plan. You can obtain copies of the claim form from Human Resources at Atmos, from the BCBSTX website ([www.bcbstx.com](http://www.bcbstx.com)) or by calling the Customer Service Helpline at 1-866-314-0266.

Follow the instructions on the reverse side of the form to complete the claim. Remember to file each Participant’s expenses separately because any Deductibles, maximum benefits, and other provisions are applied to each Participant separately. Include itemized bills from the health care Providers, labs, etc., printed on their letterhead and showing the services performed, dates of service, charges, and name of the Participant involved.

#### Prescription Drug Claims

When you receive Covered Drugs dispensed from a Non-Participating Pharmacy, a Prescription Reimbursement Claim Form must be submitted. This form can be obtained from Human Resources at Atmos, from the BCBSTX

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website, or by calling the Customer Service Helpline at 1-866-314-0266.

This claim form, accompanied by an itemized bill obtained from the Pharmacy showing the prescription services you received, should be mailed to the address shown below or on the claim form.

Instructions for completing the claim form are provided on the back of the form. You may need to obtain additional information, which is not on the receipt from the pharmacist, to complete the claim form.

Bills for Covered Drugs should show the name, address and telephone number of the Pharmacy, a description and quantity of the drug, the prescription number, the date of purchase and, the name of the Participant using the drug.

Visit the BCBSTX Website for subscriber-filed claim forms and other useful information  
[www.bcbstx.com](http://www.bcbstx.com)

### *Where to Mail Completed Claim Forms*

#### *Medical Claims*

Blue Cross and Blue Shield of Texas  
Claims Division  
P. O. Box 660044  
Dallas, Texas 75266-0044

#### *Prescription Drug Claims*

Blue Cross and Blue Shield of Texas  
c/o Prime Therapeutics LLC  
P. O. Box 64812  
St. Paul, MN 55164-0812

### **Who Receives Payment**

Benefit payments will be made directly to contracting Providers when they bill the Claims Administrator. Written agreements between the Claims Administrator and some Providers may require payment directly to them.

Any benefits payable to you, if unpaid at your death, will be paid to your surviving spouse, as beneficiary. If there is no surviving spouse, then the benefits will be paid to your estate.

Except as provided in the subsection entitled “**ASSIGNMENT AND PAYMENT OF BENEFITS**” in the “**GENERAL INFORMATION**” Section of this Benefit Booklet, rights and benefits under the Plan are not assignable, either before or after services and supplies are provided.

#### *Benefit Payments to a Managing Conservator*

Benefits for services provided to your minor dependent child may be paid to a third party if:

- The third party is named in a court order as managing or possessory conservator of the child; and
- The Claims Administrator has not already paid any portion of the claim.

In order for benefits to be payable to a managing or possessory conservator of a child, the managing or possessory conservator must submit to the Claims Administrator, with the claim form, proof of payment of the expenses and a certified copy of the court order naming that person the managing or possessory conservator.

The Claims Administrator for the Plan may deduct from its benefit payment any amounts it is owed by the recipient of the payment. Payment to you or your Provider, or deduction by the Plan from benefit payments of amounts owed to it, will be considered in satisfaction of its obligations to you under the Plan.

An explanation of benefits summary is sent to the participant, showing what has been paid.

## HOW TO RECEIVE HEALTHCARE BENEFITS

### When to Submit Claims

All claims for benefits under the Plan must be properly submitted to the Claims Administrator within twelve (12) months of the date that services or supplies are received. Claims not submitted and received by the Claims Administrator within twelve (12) months after that date will not be considered for payment of benefits except in the absence of legal capacity.

### Receipt of Claims by the Claims Administrator

A claim will be considered received by the Claims Administrator for processing upon actual delivery to the administrative office of the Claims Administrator in the proper manner and form and with all of the information required. If the claim is not complete, it may be denied or the Claims Administrator may contact either you or the Provider for the additional information.

After processing the claim, the Claims Administrator will notify the Participant by way of an explanation of benefits summary.

## BENEFIT DETERMINATIONS

### Urgent Claims that Require Immediate Action

Urgent care claims or appeals are those claims or appeals that require notification or approval prior to receiving medical care, where a delay in treatment as a result of the application of the time periods for making non-urgent care determinations could seriously jeopardize you or your dependent's life or health or ability to regain maximum function or, in the opinion of a physician with knowledge of you or your dependent's medical condition could cause severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

In the case of an urgent care claim, the Claims Administrator shall notify you of the Plan's benefit determination (whether adverse or not)

as soon as possible, taking into account the medical exigencies, but not later than 72 hours after receipt of the claim by the Plan, unless you fail to provide sufficient information to determine whether, or to what extent, benefits are covered or payable under the Plan. In the case of such a failure, the Claims Administrator shall notify you as soon as possible, but not later than 24 hours after receipt of the claim by the Plan, of the specific information necessary to complete the claim. You shall be afforded a reasonable amount of time, taking into account the circumstances, but not less than 48 hours, to provide the specified information. The Claims Administrator shall notify you of the Plan's benefit determination (whether adverse or not) as soon as possible, but in no case later than 48 hours after the earlier of (i) the Plan's receipt of the specified information, or (ii) the end of the period afforded you to provide the specified additional information.

A denial notice will comply with the requirements set forth below.

### Pre-Service Claims

Pre-service claims or appeals are those claims or appeals that require notification or approval prior to receiving medical care.

In the case of a pre-service claim, the Claims Administrator shall notify you of the Plan's benefit determination (whether adverse or not) within a reasonable period of time appropriate to the medical circumstances, but not later than 15 days after receipt of the claim by the Plan. This period may be extended one time by the Plan for up to 15 days, provided that the Claims Administrator both determines that such an extension is necessary due to matters beyond the control of the Plan and notifies you, prior to the expiration of the initial 15-day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of

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extension shall specifically describe the required information, and you shall be afforded at least 45 days from receipt of the notice within which to provide the specified information. In the case of your failure to follow the Plan's procedures for filing a pre-service claim, you shall be notified of the failure and the proper procedures to be followed in filing a claim for benefits as soon as possible, but not later than 5 days (24 hours in the case of a failure to file a claim involving urgent care) following the failure. Notification may be oral, unless you request written notification. This paragraph applies only in the case of a failure by you to file a claim with the Claims Administrator that names a specific claimant, a specific medical condition or symptom, and a specific treatment, service or product for which approval is requested.

A denial notice will comply with the requirements set forth below.

### Post-Service Claims

Post-service claims or appeals are those claims or appeals that are not pre-service claims or appeals and are filed for payment of benefits after medical care has been received.

In the case of a post-service claim, the Claims Administrator shall notify you of the Plan's benefit determination (whether adverse or not) within a reasonable period, but not later than 30 days after receipt of the claim. This period may be extended one time by the Plan for up to 15 days, provided that the Claims Administrator both determines that such an extension is necessary due to matters beyond the Plan's control and notifies you, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and you shall be afforded at least 45 days from

receipt of the notice within which to provide the specified information.

A denial notice will comply with the requirements set forth below.

### Concurrent Care Claims

If the Plan has approved an ongoing course of treatment to be provided over a period of time or number of treatments, then any reduction or termination by the Plan of such course of treatment (other than by Plan amendment or termination) before the end of such period of time or number of treatments shall constitute an adverse benefit determination. The Claims Administrator shall notify you of the adverse benefit determination at a time sufficiently in advance of the reduction or termination to allow you to appeal and obtain a determination on review of that adverse benefit determination before the course of treatment is reduced or terminated. Any request to extend the course of treatment beyond the period of time or number of treatments that is a claim involving urgent care shall be decided as soon as possible, taking into account the medical exigencies, and the Claims Administrator shall notify you of the benefit determination (whether adverse or not) within 24 hours after receipt of the claim by the Plan, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments. Any request to extend the course of treatment beyond the period of time or number of treatments that is not or is no longer a claim involving urgent care shall be considered a new claim and decided according to post-service or pre-service timeframes, whichever applies.

### Denial Notification Requirements

In the event claim for benefits is denied or the Claims Administrator otherwise makes an adverse benefit determination as defined in the DOL regulations regarding claims procedures, the Claims Administrator shall provide you with written or electronic notification of such adverse



## HOW TO RECEIVE HEALTHCARE BENEFITS

benefit determination. The notification shall be written in a manner calculated to be understood by you and shall include the following:

- The specific reason or reasons for the adverse determination;
- Reference to the specific Plan provision on which the determination is based;
- A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary;
- A description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review;
- Any specific internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination or a statement that such rule, guideline, protocol or other similar criterion was relied upon and that a copy of such rule, guideline, protocol or other similar criterion will be provided free of charge to the claimant upon request;
- If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request; and
- In the case of a claim involving urgent care, a description of the expedited review process applicable to such claims.

In the case of an adverse benefit determination concerning a claim involving urgent care, the

notice described in the preceding paragraph may be provided to you orally within the time frame described above, provided that a written or electronic notification is furnished to you not later than 3 days after the oral notification.

If your claim has been denied and you do not agree with the denial, you must submit your claim for review by following the Claims Review Procedure described below.

### CLAIMS REVIEW PROCEDURES

Upon the denial of your claim for benefits, if you disagree with the denial, in order to preserve legal remedies that may be available to you, you must file a claim for review in writing with the Plan Administrator. You must file a claim for review not later than 180 days following receipt of a notification of an adverse benefit determination. You may submit written comments, documents, records and other information relating to the claim for benefits in connection with the claim for review, and the review will take into account all such comments, documents, records and other information submitted by you relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. You shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim for benefits.

In conducting its review, the Plan Administrator will not afford deference to the initial adverse benefit determination, and the review will be conducted by an appropriate individual who is neither the individual who made the adverse benefit determination nor the subordinate of such individual. In deciding a claim for review that is based in whole or in part on a medical judgment, including determinations with regard to whether a particular treatment, drug or other item is Experimental/Investigational or not Medically Necessary or appropriate, the Plan Administrator shall consult with a health care professional who has appropriate training and

## HOW TO RECEIVE HEALTHCARE BENEFITS

experience in the field of medicine involved in the judgment. Any such health care professional engaged for purposes of a consultation shall be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of review, nor the subordinate of any such individual. The Plan Administrator will provide you with the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination. Further, in the case of a claim involving urgent care (whether an appeal on a claim involves urgent care requiring the expedited handling procedures is determined by the nature of the claim at the time of the appeal), the Plan Administrator will provide for an expedited review process pursuant to which your request for an expedited review may be submitted orally or in writing, and all necessary information, including the Plan's benefit determination, shall be transmitted between the Plan and you by telephone, facsimile or other available similarly expeditious method.

In the case of an urgent care appeal, the Plan Administrator shall notify you of the Plan's benefit determination on review as soon as possible, taking into account the medical exigencies, but not later than 72 hours after receipt of the claimant's request for review.

In the case of a pre-service appeal, the Plan Administrator shall notify you of the Plan's benefit determination on review within a reasonable period of time appropriate to the medical circumstances, but not later than 30 days after receipt by the Plan of your request for review.

In the case of a post-service appeal, the Plan Administrator shall notify the claimant of the Plan's benefit determination on review within a reasonable period of time, but not later than 60 days after receipt by the Plan of the claimant's request for review.

The Plan Administrator shall provide you with written or electronic notification of the Plan's benefit determination on review. In the event of an adverse benefit determination on review, the notification shall be written in a manner calculated to be understood by you and shall include the following:

- The specific reason or reasons for the adverse determination;
- Reference to the specific Plan provisions on which the benefit determination is based;
- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim for benefits;
- A statement describing any voluntary appeal procedures offered by the Plan and the claimant's right to obtain the information about such procedures, and a statement of the claimant's right to bring an action under ERISA Section 502(a);
- Any specific internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination or a statement that such rule, guideline, protocol or other similar criterion was relied upon and that a copy of such rule, guideline, protocol or other similar criterion will be provided free of charge to the claimant upon request;
- If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request; and

## HOW TO RECEIVE HEALTHCARE BENEFITS

- A statement that reads as follows: “You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.”

A claimant is not required to file more than two appeals of an adverse benefit determination prior to bringing a civil action under ERISA Section 502(a).

### **Legal Actions**

If you want to bring a legal action against the Plan Administrator or the Claims Administrator, you must do so within three years from the expiration of the time period in which a request for reimbursement must be submitted, or you lose any rights to bring such an action against the Plan Administrator or the Claims Administrator.

You cannot bring any legal action against the Plan Administrator or the Claims Administrator for any other reason unless you first complete all the steps in the appeal process described in this document. After completing that process, if you want to bring a legal action against the Plan Administrator or the Claims Administrator, you must do so within three years of the date you are notified of the final decision on the appeal, or you lose any rights to bring such an action against the Plan Administrator or the Claims Administrator.

## MEDICAL BENEFITS PROVIDED

### ELIGIBLE OR COVERED EXPENSES

This portion of the Plan provides benefits for three major categories of Eligible or Covered Expenses:

- *Inpatient Hospital Expenses;*
- *Medical-Surgical Expenses;* and
- *Extended Care Expenses.*

This “**MEDICAL BENEFITS PROVIDED**” Section generally explains the medical benefits that are available under the Plan. Please remember to refer to the “**DEFINITIONS**” Section of this Benefit Booklet for a description of terms such as *Inpatient Hospital Expense*, *Medical-Surgical Expense*, and *Extended Care Expense*.

Wherever Schedule of Coverage is mentioned, please refer to the Schedule at the beginning of this Benefit Booklet.

Your benefits are calculated on a Calendar Year benefit period basis unless otherwise stated. At the end of a Calendar Year, a new benefit period starts for each Participant.

### MAXIMUM LIFETIME BENEFITS

The total amount of benefits available to any one Participant under the Plan shall not exceed the “Maximum Lifetime Benefits” amount shown on your Schedule of Coverage.

This maximum lifetime benefits amount includes all payments made under any benefit provisions of the Plan including payments toward any other benefit maximums under the Plan.

Depending on the terms of the Plan, it may also include any benefits provided under the Employer’s health care plan with another Claims Administrator prior to the Participant’s Effective Date of coverage under this Plan.

### CHANGES IN BENEFITS

Changes to covered benefits will apply to all services provided to each Participant under the Plan.

Benefits for Eligible or Covered Expenses incurred during an admission in a Hospital or Facility Other Provider that begins before the change will be those benefits in effect on the day of admission.

### BENEFITS FOR INPATIENT HOSPITAL EXPENSE

Among those expenses normally included under *Inpatient Hospital Expense* as defined in this Benefit Booklet are intensive and coronary care units, operating room, lab and x-ray, and blood. Please note that if you are confined in a private room, only the Hospital’s average semiprivate room rate is allowed as *Inpatient Hospital Expense*. Remember, each Hospital Admission requires preauthorization.

The benefit percentage of your total eligible *Inpatient Hospital Expense* in excess of any Deductible indicated on your Schedule of Coverage is the Plan’s obligation. The remaining unpaid *Inpatient Hospital Expense* including any Deductible is your obligation to pay. This amount will be applied to the Co-Share Amount.

### BENEFITS FOR MEDICAL-SURGICAL EXPENSE

The following services are included under *Medical-Surgical Expense* as defined in this Benefit Booklet:

- Physician services;
- Services of Professional Other Providers;
- Speech and hearing services;

## MEDICAL BENEFITS PROVIDED

- Diagnostic x-ray and laboratory examinations;
- Prosthetic Appliances; and
- Home Infusion Therapy.

Remember that certain services require preauthorization, and any Deductibles and Co-Share Amounts shown on your Schedule of Coverage will also apply.

The benefit percentages of your total eligible *Medical-Surgical Expense* shown on your Schedule of Coverage in excess of your Co-Share Amount and any Deductible shown are the Plan's obligation. The remaining unpaid *Medical-Surgical Expense* in excess of the Co-Share Amount and any Deductible is your obligation to pay.

To calculate your benefits, subtract any Deductibles from your total eligible *Medical-Surgical Expense* and then multiply the difference by the benefit percentage shown on your Schedule of Coverage. Most remaining unpaid *Medical-Surgical Expense* including the Deductible is your Co-Share Amount.

### BENEFITS FOR EXTENDED CARE EXPENSE

When *Extended Care Expense* has been preauthorized, the Plan's benefit obligation as shown on your Schedule of Coverage will be:

- At the benefit percentage under "Extended Care Expense Benefits," and
- Up to the amount of the combined benefit maximums shown for each category of Extended Care Expense on your Schedule of Coverage.

**Remember...** for Out-of-Area services, benefits are not available unless services are rendered by a Contracting Facility and have been preauthorized and approved by the Claims Administrator.

If shown on your Schedule of Coverage, the Deductible will apply. Any unpaid *Extended Care Expense* in excess of the benefit maximums shown on your Schedule of Coverage will not be applied to any Co-Share Amount.

Any charges incurred as Home Health Care or home Hospice Care for drugs (including antibiotic therapy) and laboratory services will not be *Extended Care Expense* but will be considered *Medical-Surgical Expense*.

Services and supplies for *Extended Care Expense*:

#### 1. For Skilled Nursing Facility:

- All usual nursing care by a Registered Nurse (R.N.) or by a Licensed Vocational Nurse (L.V.N.);
- Room and board and all routine services, supplies, and equipment provided by the Skilled Nursing Facility; and
- Physical, occupational, speech, and respiratory therapy services by licensed therapists.

#### 2. For Home Health Care:

- Part-time or intermittent nursing care by a Registered Nurse (R.N.) or by a Licensed Vocational Nurse (L.V.N.);
- Part-time or intermittent home health aide services which consist primarily of caring for the patient;

## MEDICAL BENEFITS PROVIDED

- Physical, occupational, speech, and respiratory therapy services by licensed therapists; and
- Supplies and equipment routinely provided by the Home Health Agency.

Benefits will **not** be provided for Home Health Care for the following:

- Food or home delivered meals;
  - Social case work or homemaker services;
  - Services provided primarily for Custodial Care;
  - Transportation services;
  - Home Infusion Therapy; or
  - Durable medical equipment.
3. For Home Hospice Care:
- Part-time or intermittent nursing care by a Registered Nurse (R.N.) or by a Licensed Vocational Nurse (L.V.N.);
  - Part-time or intermittent home health aide services which consist primarily of caring for the patient;
  - Physical, speech, and respiratory therapy services by licensed therapists; and
  - Homemaker and counseling services routinely provided by the Hospice agency, including bereavement counseling.
4. For Facility Hospice Care:
- All usual nursing care by a Registered Nurse (R.N.) or by a Licensed Vocational Nurse (L.V.N.);
  - Room and board and all routine services, supplies, and equipment provided by the Hospice facility; and

- Physical, speech, and respiratory therapy services by licensed therapists.

## OTHER BENEFIT PROVISIONS

Benefits available under this “**OTHER BENEFIT PROVISIONS**” subsection are generally determined on the same basis as for other *Inpatient Hospital Expense, Medical-Surgical Expense, and Extended Care Expense*, except to the extent described in this subsection. Benefits will be determined as indicated on your Schedule of Coverage. Remember that certain services require preauthorization and that any Co-Share Amounts and Deductibles shown on your Schedule of Coverage will also apply.

### 1. *Benefits for Treatment of Complications of Pregnancy*

Benefits for Eligible or Covered Expenses incurred for treatment of Complications of Pregnancy will be determined on the same basis as treatment for any other sickness. Dependent children will be eligible for benefits for treatment of Complications of Pregnancy.

### 2. *Benefits for Maternity Care*

Benefits for Eligible or Covered Expenses incurred for Maternity Care will be determined on the same basis as for any other treatment of sickness. Dependent children will be eligible for Maternity Care benefits.

Services and supplies incurred by a Participant for delivery of a child shall be considered Maternity Care and are subject to all provisions of the Plan.

The Plan provides coverage for inpatient care for the mother and newborn child in a health care facility for a minimum of:

- 48 hours following an uncomplicated vaginal delivery; and

## MEDICAL BENEFITS PROVIDED

- 96 hours following an uncomplicated delivery by caesarean section.

*Inpatient Hospital Expense* incurred by the mother for delivery of a child will not include charges for routine well-baby nursery care of the newborn child during the mother's Hospital Admission for the delivery. These charges will be considered *Inpatient Hospital Expense* of the child and will be subject to the benefits provisions and benefit maximums as described elsewhere in this "MEDICAL BENEFITS PROVIDED" Section.

### Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain a preauthorization for benefits. For information on preauthorization, refer to the subsection entitled "PREAUTHORIZATION

REQUIREMENTS" in the "HOW TO RECEIVE HEALTHCARE BENEFITS" Section of this Benefit Booklet.

### 3. *Benefits for Mental Health Care (including Serious Mental Illness) and Chemical Dependency Treatment*

Benefits for *Inpatient Hospital Expense* and *Medical-Surgical Expense* for Mental Health Care (including Serious Mental Illness) and for treatment of Chemical Dependency are available as indicated.

**NOTE:** Refer to the subsection entitled "PREAUTHORIZATION REQUIREMENTS" in the "HOW TO RECEIVE HEALTHCARE BENEFITS" Section of this Benefit Booklet to determine what services require preauthorization.

Mental Health Care (including Serious Mental Illness) provided as part of the Medically Necessary treatment of Chemical Dependency will be considered for benefit purposes to be treatment of Chemical Dependency until completion of the series of Chemical Dependency treatments. (Mental Health Care after completion of a series of treatments will be considered Mental Health Care).

Coverage for treatment of Chemical Dependency will be limited to a maximum of three separate series of treatments for each covered individual. The Plan may use state guidelines to administer benefits for treatment of Chemical Dependency.

Inpatient treatment of Chemical Dependency must be provided in a Chemical Dependency Treatment Center. Benefits for the medical management of acute life-threatening intoxication (toxicity) in a Hospital will be available on the same basis as for sickness generally as described under the "BENEFITS FOR INPATIENT HOSPITAL EXPENSE" subsection in this "MEDICAL BENEFITS PROVIDED" Section of this Benefit Booklet.

## MEDICAL BENEFITS PROVIDED

*Inpatient Hospital expense* for Mental Health Care (including Serious Mental Illness) and Chemical Dependency will be limited to 30 inpatient days per Calendar Year.

Benefits for *Medical-Surgical Expense* incurred for Mental Health Care (including Serious Mental Illness) and Chemical Dependency treatment will be limited to the number of inpatient Physician/Professional Other Provider visits.

Benefits for *Medical-Surgical Expense* incurred for Mental Health Care (including Serious Mental Illness) and Chemical Dependency treatment will be limited to the combined number of outpatient Physician and/or Professional Other Provider or other outpatient visits per Calendar Year.

Medically Necessary treatment of Chemical Dependency and/or Mental Health Care (including Serious Mental Illness) in a Psychiatric Day Treatment Facility, a Crisis Stabilization Unit or Facility, or a Residential Treatment Center for Children and Adolescents in lieu of Hospitalization will be considered *Inpatient Hospital Expense*. *Inpatient Hospital Expense* benefit percentages for this Plan, and the per-admission Deductible, *if any*, as shown on your Schedule of Coverage will apply.

Each full day of treatment in such facility will be considered equal to one-half of one day of a regular Hospital Admission for Mental Health Care (including Serious Mental Illness) and treatment of Chemical Dependency.

The benefits provided for Mental Health Care (including Serious Mental Illness) and Chemical Dependency will not exceed the maximum lifetime benefit amount shown on your Schedule of Coverage.

#### 4. *Benefits for Emergency Care and Treatment of Accidental Injury*

The Plan provides coverage for medical emergencies wherever they occur. Examples

of medical emergencies are unusual or excessive bleeding, broken bones, acute abdominal or chest pain, unconsciousness, convulsions, difficult breathing, suspected heart attack, sudden persistent pain, severe or multiple injuries or burns, and poisonings.

If reasonably possible, contact your Network Physician before going to the Hospital emergency room. He can help you determine if you need Emergency Care and recommend that care. If not reasonably possible to contact your Network Physician, go to the nearest emergency facility, whether or not the facility is in the Network. A Co-payment may be required if you go to a Hospital emergency room.

Whether you require Hospitalization or not, you should notify your Network Physician within 48 hours, or as soon as reasonably possible, of any emergency medical treatment so he can recommend the continuation of any necessary medical services.

All treatment received during the first 48 hours following the onset of a medical emergency will be eligible for In-Network Benefits. After 48 hours, In-Network Benefits will be available only if you use Network Providers. If after the first 48 hours of treatment following the onset of a medical emergency and if you can safely be transferred to the care of a network Provider but are treated by an Out-of-Network Provider, only Out-of-Network Benefits will be available.

***Remember...***For Participants who have elected the EPO Plan, after 48 hours, Network Benefits will be available only if you use Network Providers or receive authorization from the Claim Administrator to remain in an Out-of-Network Hospital. If you continue unauthorized treatment in the Out-of-Network Hospital, **no benefits will be payable by the Plan.**



## MEDICAL BENEFITS PROVIDED

Benefits for Eligible or Covered Expenses incurred for treatment of an Accidental Injury will be considered on the same basis as any other sickness.

### 5. *Benefits for Preventive Care*

Benefits are available for *Medical-Surgical Expense* incurred for:

- Well-baby care;
- Routine physical examinations;
- Hearing examinations, except for benefits as provided under *Benefits for Screening Test for Hearing Impairment*; and
- Immunizations for Participants age six and over.

Benefits for childhood immunizations for children from birth to 6 years of age will be provided as described in *Benefits for Childhood Immunizations*.

Benefits are not available for *Inpatient Hospital Expense* or *Medical-Surgical Expense* for routine physical examinations performed on an inpatient basis, except for the initial examination of a newborn child.

Benefits for preventive care services will be determined for Physician office visits, diagnostic lab and x-rays.

Injections for allergies are not considered immunizations under this benefit provision.

### 6. *Benefits for Screening Test for Hearing Impairment*

Benefits are available for Eligible or Covered Expenses incurred by a dependent child:

- For a screening test for hearing loss from birth through the date the child is 30 days old; and

- Necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months.

### 7. *Benefits for Childhood Immunizations*

Benefits for *Medical-Surgical Expense* incurred by a dependent child for childhood immunizations from birth through the date the child turns six years of age will be determined at 100% of the Allowable Amount. Benefits are available for:

- Diphtheria;
- Hemophilus influenza type b;
- Hepatitis B;
- Measles;
- Mumps;
- Pertussis;
- Polio;
- Rubella;
- Tetanus;
- Varicella; and
- Any other immunization that is required by law for the child.

Injections for allergies are not considered immunizations under this benefit provision.

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### 8. *Benefits for Mammography Screening*

If a Participant age 35 years of age or older incurs a *Medical-Surgical Expense* for a screening by low-dose mammography for the presence of occult breast cancer, benefits will be determined on the same basis as for other *Medical-Surgical Expense*, except that benefits will not be available for more than one mammography screening each Calendar Year.

### 9. *Benefits for Cosmetic, Reconstructive, or Plastic Surgery*

Eligible or Covered Expenses for Cosmetic, Reconstructive, or Plastic Surgery will be the same as for treatment of any other sickness for the following services only:

- Treatment provided for the correction of defects incurred in an Accidental Injury sustained by the Participant, but only if initial treatment is sought within 24 hours of the Accidental Injury;
- Treatment provided for reconstructive surgery following cancer surgery;
- Surgery performed on a newborn child for the treatment or correction of a congenital defect;
- Surgery performed on a dependent child (other than a newborn child) under the age of 19 for the treatment or correction of a congenital defect other than conditions of the breast;
- Reconstruction of the breast on which mastectomy has been performed; surgery and reconstruction of the other breast to achieve a symmetrical appearance; and prostheses and treatment of physical complications, including lymphedemas, at all stages of the mastectomy; and
- Reconstructive surgery performed on a dependent child under the age of 19 due to craniofacial abnormalities to improve the function of, or attempt to create a normal

appearance of an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

### 10. *Benefits for Dental Services*

If a Participant incurs Eligible or Covered Expenses for dental services, benefits will be the same as for treatment of any other sickness.

Benefits are provided only for:

- Covered Oral Surgery;
- Services provided to a newborn child which are necessary for treatment or correction of a congenital defect; and
- The correction of damage caused solely by external, violent Accidental Injury to healthy, unrestored natural teeth and supporting tissues but only if initial treatment is sought within 24 hours of the Accidental Injury and limited to treatment provided within 24 months of the initial treatment. An injury sustained as a result of biting or chewing shall not be considered an Accidental Injury.

Except as excluded in the “**MEDICAL LIMITATIONS AND EXCLUSIONS**” Section of this Benefit Booklet, any other expenses for dental services for which a Participant incurs *Inpatient Hospital Expense* for a Medically Necessary Hospital Admission, will be determined as described in the subsection entitled “**BENEFITS FOR INPATIENT HOSPITAL EXPENSE**” in this “**MEDICAL BENEFITS PROVIDED**” Section of this Benefit Booklet.

### 11. *Benefits for Organ and Tissue Transplants*

Subject to the conditions described below, benefits for covered services and supplies provided to a Participant (donor and/or recipient) by a Hospital, Physician, or Other Provider related to an organ or tissue

## MEDICAL BENEFITS PROVIDED

transplant will be determined as follows, but only if:

- The transplant procedure is not Experimental/Investigational in nature;
- Donated human organs or tissue are used;
- The recipient is a Participant under the Plan (benefits are also available to the donor who is a Participant under the Plan);
- The transplant procedure is preauthorized as provided in paragraph e below;
- The Participant meets all of the criteria established by the Claims Administrator; and
- The Participant meets all of the protocols established by the Hospital in which the transplant is performed.

Covered services and supplies “related to” an organ or tissue transplant include, but are not limited to, x-rays, laboratory, chemotherapy, radiation therapy, prescription drugs, and complications arising from such transplant.

Benefits are available and will be determined on the same basis as any other sickness when the transplant procedure is for the following:

- Liver;
- Heart;
- Heart - Lung (heart and one lung or heart and both lungs);
- Kidney;
- Cornea;
- Lung; and
- Bone Marrow.

Covered services and supplies include services and supplies provided for the:

- Evaluation of organs or tissues including, but not limited to, the determination of tissue matches;
- Removal of organs or tissues from deceased donors; and
- Transportation and storage of donated organs or tissues.

No benefits are available for a Participant for the following services or supplies:

- Living and/or travel expenses of the live donor or recipient;
- Donor search and acceptability testing of potential living donors;
- Expenses related to maintenance of life for purposes of organ or tissue donation; or
- Purchase of the organ or tissue.

Preauthorization is required for any organ or tissue transplant and is the process by which the Medical Necessity of the transplant and the length of stay of the admission is approved or denied. Preauthorization does not guarantee payment of a claim but does ensure that payment for the covered room and board charges for the preauthorized length of stay will not be denied on the basis of Medical Necessity.

At the time of preauthorization, the Claims Administrator will assign a length-of-stay for the admission. Upon request, the length-of-stay may be extended if the Claims Administrator determines that an extension is Medically Necessary.

No benefits are available for any organ or tissue transplant procedure (or the services performed in preparation for, or in conjunction with, such procedure) which the Claims Administrator considers to be Experimental/Investigational.

## MEDICAL BENEFITS PROVIDED

### 12. *Benefits for Detection and Prevention of Osteoporosis*

If a Participant is a *Qualified Individual*, benefits will be determined on the same basis as any other sickness for medically accepted bone mass measurement for the detection of low bone mass and to determine a Participant's risk of osteoporosis and fractures associated with osteoporosis.

*Qualified Individual* means:

- A postmenopausal woman not receiving estrogen replacement therapy;
- An individual with:
  - Vertebral abnormalities;
  - Primary hyperparathyroidism; or
  - A history of bone fractures; or
- An individual who is:
  - Receiving long-term glucocorticoid therapy; or
  - Being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.

### 13. *Benefits for Certain Tests for Detection of Prostate Cancer*

If a male Participant incurs *Medical-Surgical Expense* for diagnostic medical procedures incurred in conducting an annual medically recognized diagnostic examination for the detection of prostate cancer, benefits will be provided only for a:

- Physical examination for the detection of prostate cancer; and
- Prostate-specific antigen test used for the detection of prostate cancer for each male under the Plan who is at least:

- 50 years of age and asymptomatic; or
- 40 years of age with a family history of prostate cancer or another prostate cancer risk factor.

### 14. *Benefits for Speech and Hearing Services*

Benefits are available for the services of a Physician or Professional Other Provider to restore loss of or correct an impaired speech or hearing function.

### 15. *Benefits for Treatment of Acquired Brain Injury*

Benefits for Eligible or Covered Expenses incurred for Medically Necessary treatment of an acquired brain injury will be determined on the same basis as treatment for any other physical condition.

Eligible or Covered Expenses include the following services as a result of and related to an acquired brain injury:

- Cognitive rehabilitation therapy;
- Cognitive communication therapy;
- Neurocognitive therapy and rehabilitation;
- Neurobehavioral, neurophysiological, neuro-psychological, and psycho-physiological testing or treatment;
- Neurofeedback therapy;
- Remediation;
- Post-acute transition services; and
- Community reintegration services.

### 16. *Benefits for Tests for Detection of Colorectal Cancer*

Benefits for *Medical-Surgical Expense* incurred for a diagnostic, medically recognized screening examination for the detection of colorectal cancer, for Participants who are 50 years of age or older and who are at normal risk for developing colon cancer, will be determined on the same basis as any other sickness for:

## MEDICAL BENEFITS PROVIDED

- A fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years; or
- A colonoscopy performed every ten years.

### 17. *Benefits for Treatment of Diabetes*

Benefits are available and will be determined on the same basis as any other sickness for those Medically Necessary items for *Diabetes Equipment* and *Diabetes Supplies* (for which a Physician or Professional Other Provider has written an order) and *Diabetic Management Services/Diabetes Self-Management Training*. Such items, when obtained for a *Qualified Participant*, shall include but not be limited to the following:

#### a. *Diabetes Equipment*

- (1) Blood glucose monitors (including noninvasive glucose monitors and monitors designed to be used by blind individuals);
- (2) Insulin pumps (both external and implantable) and associated appurtenances, which include:
  - Insulin infusion devices;
  - Batteries;
  - Skin preparation items;
  - Adhesive supplies;
  - Infusion sets;
  - Infusion cartridges;
  - Durable and disposable devices to assist in the injection of insulin; and
  - Other required disposable supplies;
- (3) Insulin infusion devices; and
- (4) Podiatric appliances, including up to two pairs of therapeutic footwear per Calendar Year, for the prevention of complications associated with diabetes.

#### b. *Diabetes Supplies*

- (1) Test strips for blood glucose monitors;
- (2) Visual reading and urine test strips and tablets for glucose, ketones and protein;
- (3) Lancets and lancet devices;
- (4) Insulin and insulin analog preparations;
- (5) Injection aids, including devices used to assist with insulin injection and needleless systems;
- (6) Biohazard disposable containers;
- (7) Insulin syringes;
- (8) Prescriptive and non-prescriptive oral agents for controlling blood sugar levels; and
- (9) Glucagon emergency kits.

NOTE: *Insulin and insulin analog preparations, insulin syringes necessary for self-administration, prescriptive and non-prescriptive oral agents will be covered under the Prescription Drug Program.*

Repairs and necessary maintenance of insulin pumps not otherwise provided for under the manufacturer's warranty or purchase agreement, rental fees for pumps during the repair and necessary maintenance of insulin pumps, neither of which shall exceed the purchase price of a similar replacement pump.

As new or improved treatment and monitoring equipment or supplies become available and are approved by the U. S. Food and Drug Administration (FDA), such equipment or supplies may be covered if determined to be Medically Necessary and appropriate by the treating Physician or Professional Other Provider who issues the written order for the supplies or equipment.

## MEDICAL BENEFITS PROVIDED

- c. *Medical-Surgical Expense* provided for the nutritional, educational, and psychosocial treatment of the *Qualified Participant*. Such *Diabetic Management Services/Diabetes Self-Management Training* for which a Physician or Professional Other Provider has written an order to the Participant or caretaker of the Participant are limited to the following when rendered by or under the direction of a Physician.

Initial and follow-up instruction concerning:

- (1) The physical cause and process of diabetes;
- (2) Nutrition, exercise, medications, monitoring of laboratory values and the interaction of these in the effective self-management of diabetes;
- (3) Prevention and treatment of special health problems for the diabetic patient;
- (4) Adjustment to lifestyle modifications; and
- (5) Family involvement in the care and treatment of the diabetic patient. The family will be included in certain sessions of instruction for the patient.

*Diabetes Self-Management Training* for the *Qualified Participant* will include the development of an individualized management plan that is created for and in collaboration with the *Qualified Participant* (and/or his or her family or caretaker) to understand the care and management of diabetes, including nutritional counseling and proper use of *Diabetes Equipment* and *Diabetes Supplies*.

A *Qualified Participant* means an individual eligible for coverage under this Contract who has been diagnosed with (a) insulin dependent or non-

insulin dependent diabetes, (b) elevated blood glucose levels induced by pregnancy, or (c) another medical condition associated with elevated blood glucose levels.

### **Mental Health Benefits (applies to all Plan Options)**

The Claims Administrator has contracted with Magellan to coordinate care for personal problems under the Employee Assistance Program (EAP). Magellan works to ensure treatment is provided by qualified providers at the proper level of care. By doing so, Magellan helps to keep out-of-pocket expenses as low as possible. Magellan contracts with licensed counselors, certified social workers, clinical psychologists, psychiatrists, and psychiatric facilities.

All Mental Health Care services must be accessed by first contacting Magellan. Mental Health Care services not coordinated through Magellan will not be covered.

### **Employee Assistance Program Benefits**

EAP is a benefit offered to employees and their dependents to help them address personal problems.

During your assessment visit, the counselor will try to determine the underlying reasons for your problem and develop a treatment plan. If the problem cannot be adequately resolved with the additional EAP visits, the EAP counselor may recommend other qualified specialists to help you. You are allowed up to six (6) visits per Calendar Year when you contact Magellan. Depending on your needs, you may be referred to the mental health network prior to the completion of six visits. Therefore, when you need more assistance than is available through the EAP, your mental health benefits are there to help resolve Medically Necessary, longer-term chronic or acute mental health or chemical dependency problems. **All care beyond the EAP evaluation must be coordinated through Magellan.**

## MEDICAL BENEFITS PROVIDED

If you or a dependent has a psychiatric problem, you can call Magellan at the number listed on your ID card. Magellan is available to take calls 24 hours a day.

If children under age 18 call Magellan, the procedures involved in accessing a counselor will be explained. However, without a signed release of parental consent, Magellan will not discuss educational needs or enter into any problem resolution. Magellan will, however, give children suggestions on how to approach their parents and encourage them to do so.

Magellan's telephone is answered by trained intake specialists under the direction of a full-time psychiatric medical director.

These specialists will listen to your problem and ask a few questions so they can match you with an EAP counselor. Then they will give you all the information you need to discuss your situation in person. If your symptoms require Hospitalization, Magellan will arrange for an emergency evaluation or Hospital Admission.

By providing prepaid professional assessment and short-term counseling, the EAP addresses almost any type of crisis or concern, including:

- |                         |                          |
|-------------------------|--------------------------|
| Personal Problems       | Emotional Problems       |
| Depression              | Aging                    |
| Family                  | Terminal Illness         |
| Children                | Legal                    |
| Adolescent              | Persistent Anxiety,      |
| Emotional/Drug Abuse    | Stress, Worries or Fears |
| Alcohol                 | Marriage/Divorce         |
| Drugs                   | Premarital               |
| Codependency            | Disabilities in Children |
| Sexual Addiction        | Work-related Problems    |
| Eating Disorders        | Gambling                 |
| Bed-wetting             | Learning Disabilities    |
| Loneliness              | Budget/Credit            |
| Sleep Problems          | Smoking/Nicotine         |
| Rape or Battered Spouse | Grief/Loss               |

### Confidentiality

Magellan's services are completely confidential. Magellan is bound by the same laws of confidentiality as lawyers and physicians.

### Cost of EAP

Atmos pays the full cost of the EAP as a benefit to you; therefore, there is no charge to you for EAP evaluation, and up to six counseling visits with a Magellan EAP counselor.

## MENTAL HEALTH BENEFITS

Mental health benefits include, but are not limited to: assessment, diagnosis, treatment planning, medication management, individual, family and group psychotherapy, psychological education, psychological testing. After coverage under this Plan stops, extended benefits for mental health benefits are the same as for an illness. Eligible or Covered Expenses for mental disorder treatments are subject to the following limitations:

<b>Maximum Benefits each Calendar Year</b>	
Inpatient Mental Health	30 days
Outpatient Mental Health	50 visits
Inpatient Chemical Dependency	*30 days
Outpatient Chemical Dependency	30 visits

\* Mental Health Benefits for inpatient chemical dependency treatment are payable for only three confinements per lifetime. If a confinement should follow another within one month, these two confinements will be considered as one.

## MEDICAL BENEFITS PROVIDED

<b>Lifetime Maximum Benefits</b>	
Inpatient Mental Health	90 days
Inpatient Chemical Dependency	3 series of treatments

The Out-of-Pocket Feature shown in Schedule of Coverage does not apply to mental health benefits. Eligible or Covered Expenses incurred for mental disorder treatment do not count toward the Out-of-Pocket Maximums. After the Out-of-Pocket Maximums are reached, benefits for mental disorder treatments are not payable at 100%.

Additional Eligible or Covered Expenses specific to mental disorder treatment are listed below. These additional Eligible or Covered Expenses are subject to the same requirements as Eligible or Covered Expenses described above.

### **Additional Eligible or Covered Expenses**

- Licensed counselor services of a licensed counselor for mental disorder treatments.
- Treatment Center Services, including:
  - Room and board; and
  - Other services and supplies.

Exclusions and limitations that apply to this benefit are described in the “**MEDICAL LIMITATIONS AND EXCLUSIONS**” Section of this Benefit Booklet.



## MEDICAL LIMITATIONS AND EXCLUSIONS

### WHAT IS NOT COVERED UNDER THE MEDICAL BENEFIT

The Plan does not provide medical benefits for any of the treatments, services or supplies described below. However, some of the exclusions described below may be covered as a prescription drug benefit available under the Plan.

1. Any services or supplies which are not Medically Necessary and essential to the diagnosis or direct care and treatment of a sickness, injury, condition, disease, or bodily malfunction; or any Experimental/ Investigational services and supplies.
2. Any portion of a charge for a service or supply that is in excess of the Allowable Amount as determined by the Claims Administrator.
3. Any services or supplies provided in connection with an occupational sickness or an injury sustained in the scope of and in the course of any employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
4. Any services or supplies for which benefits are, or could upon proper claim be, provided under any present or future laws enacted by the Legislature of any state, or by the Congress of the United States, or any laws, regulations or established procedures of any county or municipality; provided, however, that this exclusion shall not be applicable to any coverage held by the Participant for Hospitalization and/or medical-surgical expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.
5. Any services or supplies provided for reduction mammoplasty, except when Medically Necessary.
6. Any services or supplies for which a Participant is not required to make payment or for which a Participant would have no legal obligation to pay in the absence of this or any similar coverage, except services or supplies for treatment of mental illness or mental retardation provided by a tax supported institution.
7. Any services or supplies provided by a person who is related to the Participant by blood or marriage.
8. Any services or supplies provided for injuries sustained:
  - As a result of war, declared or undeclared, or any act of war; or
  - While on active or reserve duty in the armed forces of any country or international authority.
9. Any charges:
  - Resulting from the failure to keep a scheduled visit with a Physician or Professional Other Provider;
  - For completion of any insurance forms; or
  - For acquisition of medical records.
10. Room and board charges incurred during a Hospital Admission for diagnostic or evaluation procedures unless the tests could not have been performed on an outpatient basis without adversely affecting the Participant's physical condition or the quality of medical care provided.
11. Any services or supplies provided before the patient is covered as a Participant hereunder or any services or supplies provided after the termination of the Participant's coverage.
12. Any services or supplies provided for Dietary and Nutritional Services, except as may be provided under the Plan for:

## MEDICAL LIMITATIONS AND EXCLUSIONS

- An inpatient nutritional assessment program provided in and by a Hospital and approved by the Claims Administrator; or
  - Benefits for Treatment of Diabetes as described in the subsection entitled **“OTHER BENEFIT PROVISIONS”** in the **“MEDICAL BENEFITS PROVIDED”** Section of this Benefit Booklet.
13. Any services or supplies provided for Custodial Care.
  14. Any services or supplies provided for orthognathic surgery after the Participant’s 19th birthday. Orthognathic surgery includes, but is not limited to, correction of congenital, developmental or acquired maxillofacial skeletal deformities of the mandible and maxilla.
  15. Any items of Medical-Surgical Expense incurred for dental care and treatments, dental surgery, or dental appliances, except as provided for in the subsection entitled **“OTHER BENEFIT PROVISIONS”** in the **“MEDICAL BENEFITS PROVIDED”** Section of this Benefit Booklet.
  16. Any services or supplies provided for Cosmetic, Reconstructive, or Plastic Surgery, except as provided for in the subsection entitled **“OTHER BENEFIT PROVISIONS”** in the **“MEDICAL BENEFITS PROVIDED”** Section of this Benefit Booklet.
  17. Any services or supplies provided for:
    - Treatment of myopia and other errors of refraction, including refractive surgery;
    - Orthoptics or visual training;
    - Eyeglasses or contact lenses, provided that intraocular lenses shall be specific exceptions to this exclusion;
    - Examinations for the prescription or fitting of eyeglasses or contact lenses; or
    - Restoration of loss or correction to an impaired speech or hearing function, including hearing aids.
  18. Except as specifically included as an Eligible or Covered Expense, any Medical Social Services; any outpatient family counseling and/or therapy, bereavement counseling, vocational counseling, or Marriage and Family Therapy and/or counseling.
  19. Any occupational therapy services which do not consist of traditional physical therapy modalities and which are not part of an active multi-disciplinary physical rehabilitation program designed to restore lost or impaired body function.
  20. Travel, whether or not recommended by a Physician or Professional Other Provider, except for local ground ambulance service or air ambulance service otherwise covered under the Plan, except treatment as determined Medically Necessary by the Claims Administrator’s case management.
  21. Any services or supplies provided for reduction of obesity or weight, including surgical procedures, even if the Participant has other health conditions which might be helped by a reduction of obesity or weight, except as determined Medically Necessary.
  22. Any services or supplies provided primarily for:
    - Environmental Sensitivity;
    - Clinical Ecology or any similar treatment not recognized as safe and effective by the American Academy of Allergists and Immunologists; or
    - Inpatient allergy testing or treatment.

## MEDICAL LIMITATIONS AND EXCLUSIONS

23. Any services or supplies provided as, or in conjunction with, chelation therapy, except for treatment of acute metal poisoning.
24. Any services or supplies provided for, in preparation for, or in conjunction with:
  - Sterilization reversal (male or female);
  - Transsexual surgery;
  - Sexual dysfunction;
  - In vitro fertilization; or
  - Promotion of fertility through extra-coital reproductive technologies including, but not limited to, artificial insemination, intrauterine insemination, super ovulation uterine capacitation enhancement, direct-intraperitoneal insemination, trans-uterine tubal insemination, gamete intrafallopian transfer, pronuclear oocyte stage transfer, zygote intrafallopian transfer, and tubal embryo transfer.
25. Any services or supplies for routine foot care, such as:
  - The cutting or removal of corns or callouses, the trimming of nails (including mycotic nails) and other hygienic and preventive care maintenance in the realm of self-care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory or bedfast patients;
  - Any services performed in the absence of localized illness, injury, or symptoms involving the foot;
  - Any treatment of a fungal (mycotic) infection of the toenail in the absence of:
    - (1) Clinical evidence of mycosis of the toenail;
    - (2) Compelling medical evidence that documents the patient either:
      - (a) Has a marked limitation of ambulation requiring active treatment of the foot; or
      - (b) In the case of a nonambulatory patient, has a condition that is likely to result in significant medical complications in the absence of such treatment; and
- Excision of a nail without using an injectable or general anesthetic.
26. Any prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations; any Retin-A or pharmacologically similar topical drugs.
27. Any smoking cessation prescription drug products, including, but not limited to, nicotine gum and nicotine patches above the \$200 limit described in the **“PRESCRIPTION DRUG PROGRAM”** Section of this Booklet..
28. Any services or supplies not specifically defined as Eligible or Covered Expenses in this Plan.
29. Any services or supplies provided for the following treatment modalities:
  - Acupuncture;
  - Video fluoroscopy;
  - Intersegmental traction;
  - Surface EMGs;
  - Manipulation under anesthesia; and
  - Muscle testing through computerized kinesiology machines such as Isostation, Digital Myograph and Dynatron.

## **MEDICAL LIMITATIONS AND EXCLUSIONS**

30. Any benefits in excess of any specified maximums.

## PRESCRIPTION DRUG PROGRAM

### PRESCRIPTION DRUG BENEFITS

Benefits are payable for Covered Drugs under all plan options. Certain Covered Drugs require prior authorization by a pharmacist or Physician from the Claims Administrator or its designee.

The eligible employee or covered dependent must be covered under this Prescription Drug Benefit when the prescription is filled.

### Co-payments and Coinsurance

<b>Retail Pharmacy</b> Applies to all Plan Options Payments for up to a 30 Day Supply	
All Generic Covered Drugs	25% of each prescription cost up to the Per-Prescription Maximum Co-payment Amount
All Brand Name Covered Drugs	25%, up to Per-Prescription Maximum Co-payment Amount
Per-Prescription Maximum Co-payment Amount	\$75

<b>Mail Pharmacy</b> Applies to all Plan Options Payments for up to a 90 Day Supply	
All Generic Covered Drugs	25% of each prescription cost up to the Per-Prescription Maximum Co-payment Amount
All Brand Name Covered Drugs	25%, up to the Per-Prescription Maximum Co-payment Amount
Per-Prescription Maximum Co-payment Amount	\$150

### How Co-payment Amounts Apply

Prescription drugs are covered through Prime Therapeutics. The following Co-payments apply:

Retail Pharmacy: 25% Co-payment for all medical plans for a **30-Day Supply**.

Mail Service Pharmacy: 25% Co-payment for all medical plans for a **90-Day Supply**.

### Per-Prescription Maximum Co-payment Amount

There is a Per-Prescription Maximum Co-payment Amount imposed on each Covered Drug: \$75 for a 30-Day Supply of a Covered Drug from a retail Pharmacy, and \$150 for a 90-Day Supply of a Covered Drug from the Mail Service Pharmacy.

### Network Pharmacy

When a Network Pharmacy is used, you pay the Co-payment up to the Per-Prescription Maximum Co-payment Amount for the type of drug, as set forth in the applicable chart (i.e., 30 day or 90 Day Supply). The Co-payment amount is 25% of the cost for each Covered Drug.

For example, if a covered person orders a 30 Day Supply of a Generic Covered Drug which costs \$100, since the 25% Co-payment (\$25) is less than the Per-Prescription Maximum Co-payment Amount (\$75), the covered person pays the \$25 Co-payment. On the other hand, if the cost of the Generic Covered Drug had been \$320, the 25% Co-payment (\$80) is more than the Per-Prescription Maximum Co-payment Amount, so the covered person would only have to pay \$75 (the amount of the Per-Prescription Maximum Co-payment Amount).

### Out-of-Network Pharmacy

## PRESCRIPTION DRUG PROGRAM

When an Out-of-Network Pharmacy is used, you must pay for the entire cost of each prescription at the time it is filled. Then you must submit a claim. Benefits are payable at the predominant contracted reimbursement rate (including any sales tax) for Network Pharmacies minus the applicable Co-payment amount.

### Mail Service Network Pharmacy

If the Mail Service Pharmacy is used, the covered person must pay the Co-payment amount.

There is no coverage for prescription drugs dispensed by an Out-of-Network Mail Service Pharmacy.

### Supply Limits

#### Retail Pharmacy

If the prescription drug is dispensed by a retail Pharmacy, the following limits apply:

- Up to a 30 Day Supply of a prescription drug, unless adjusted based on the drug manufacturer's packaging size. Some products may be subject to additional supply limits adopted by the Claims Administrator. A list of current additional supply limits may be obtained from the Claims Administrator.
- A one cycle supply of an oral contraceptive. Up to three cycles can be purchased at one time if a Co-payment is paid for each cycle supplied.

There is a \$200 per Calendar Year maximum on smoking cessation products.

#### Mail Service Pharmacy

If the prescription drug is dispensed by the Mail Service Pharmacy, the supply limit is up to a 90 Day Supply of a prescription drug, unless

adjusted based on the drug manufacturers packaging size or any additional supply limits adopted by the Claims Administrator. A list of current supply limits may be obtained from the Claims Administrator.

### How The Prescription Drug Program Works

When you need a Prescription Order filled, you can elect to go to a Participating Pharmacy or a Non-Participating Pharmacy or use the Mail Service Prescription Drug Program.

#### Participating Pharmacy

When you go to a Participating Pharmacy:

- Present your Identification Card to the pharmacist along with your Prescription Order;
- Provide the pharmacist with the birth date and relationship of the patient;
- Sign the insurance claim log; and
- Pay the appropriate Co-payment for each Covered Drug filled or refilled.

The Participating Pharmacy will take care of the rest.

Participating Pharmacies have agreed not to bill you for any Covered Drug expenses in excess of:

- The appropriate Co-payment amounts; and
- Any pricing differences that may apply.

If you are unsure whether a Pharmacy is a Participating Pharmacy, you may contact the Customer Service Helpline telephone number shown in this Benefit Booklet or on your Identification Card. **You must present your Identification Card to your Participating Pharmacy in order to receive full Plan benefits.**

## PRESCRIPTION DRUG PROGRAM

### *Non-Participating Pharmacy*

If you have a Prescription Order filled at a Non-Participating Pharmacy, you must pay the Pharmacy the full amount of its bill and submit to the Claims Administrator a claim form and itemized receipt verifying that the prescription was filled. The Plan will reimburse you for Covered Drugs equal to:

- 80% of the Allowable Amount;
- Less any applicable Pharmacy Deductible;
- Less the appropriate Co-payment amount; and
- Less any pricing differences that may apply.

### *Mail Service Prescription Drug Program*

Your Employer has chosen to provide a Mail Service Prescription Program to you and your covered dependents. Any pricing differences, as explained in the subsection “**How Co-Payment Amounts Apply**” in this “**PRESCRIPTION DRUG PROGRAM**” Section will also apply. Atmos will provide you with a separate brochure that contains all the information necessary to help you start using the Mail Service Prescription Drug Program.

When you mail your Prescription Orders to the address provided on the *Mail Service Prescription Drug Program Claim Form*, you must send in your payment. If you need assistance in determining the amount of your payment, you may either contact the Customer Service Helpline for assistance or send the amount of payment you determine will be needed.

If you send an incorrect payment amount for the Covered Drug dispensed, you will: (a) receive a credit if the payment is too much; or (b) be billed for the appropriate amount if it is not enough.

If you have any questions about the Program, please call the 1-800 number shown in your Mail Service Prescription Program Brochure.

### YOUR IDENTIFICATION CARD

The Identification Card you received is the key to your use of the Plan. It tells Participating Pharmacies that you are entitled to prescription drug benefits under the Prescription Drug Program. Participating Pharmacies are not permitted to file claims with the Claims Administrator unless you present the Identification Card with your Prescription Order.

You may print a temporary Identification Card as soon as your coverage is effective. To print an Identification Card, go to [www.BCBSTX.com](http://www.BCBSTX.com), and follow the instructions for logging in.

**Note:** If you do not have your Identification Card, you must pay your Participating Pharmacy directly for your prescription charges. You must then file a claim with the Claims Administrator. You will then be reimbursed for your payments less the appropriate Co-payment amount, and any applicable pricing difference.

**Remember...** be sure to use your Participating Pharmacy every time, even if you have not received your Identification Card, or do not have it with you.

Please remember that any time a change in your family takes place it may be necessary for a new Identification Card to be issued to you. (Refer to the subsections entitled “**CHANGE OF ELECTION**” and “**HOW TO ENROLL**” in the “**ELIGIBILITY AND PARTICIPATION**” Section of this Benefit Booklet for additional instructions when changes are made). Upon receipt of the change information, the Claims Administrator will issue a new Identification Card.

## PRESCRIPTION DRUG PROGRAM

### *Unauthorized, Fraudulent, Improper, or Abusive Use of Identification Cards*

The unauthorized, fraudulent, improper, or abusive use of Identification Cards issued to you and your covered family members will include, but not be limited to, the following actions, when intentional:

- Use of the Identification Card prior to your Effective Date;
- Use of the Identification Card after your date of termination of coverage under the Plan;
- Obtaining prescription drugs or other benefits for persons not covered under the Plan;
- Obtaining prescription drugs or other benefits which are not covered under the Plan;
- Obtaining Covered Drugs for resale or for use by any person other than the person for whom the Prescription Order is written, even though the person is otherwise covered under the Plan;
- Obtaining Covered Drugs without a Prescription Order or through the use of a forged or altered Prescription Order;
- Obtaining quantities of prescription drugs in excess of Medically Necessary or prudent standards of use or in circumvention of the quantity limitations of the Plan;
- Obtaining prescription drugs using Prescription Orders for the same drugs from multiple Providers; and
- Obtaining prescription drugs from multiple Pharmacies through use of the same Prescription Order.

The fraudulent or intentionally unauthorized, improper, or abusive use of Identification Cards by any Participant can result in, but is not limited to, the following sanctions being applied to all Participants covered under your coverage:

- Denial of benefits;
- Cancellation of coverage under the Plan for all Participants under your coverage;
- Limitation on the use of Identification Card to one designated Participating Pharmacy of your choice;
- Recoupment from you or any of your covered family members of any benefit payments made;
- Pre-approval of drug purchases for all Participants receiving benefits under your coverage; and
- Notice to proper authorities of potential violations of law or professional ethics.

Other unauthorized, improper, or abusive use of Identification Cards by any Participant can result in, but is not limited to, the following sanctions being applied to all Participants covered under your coverage:

- Limitation on the use of Identification Card to one designated Participating Pharmacy of your choice;
- Recoupment from you or any of your covered family members of any benefit payments made; and
- Pre-approval of drug purchases for all Participants receiving benefits under your coverage.

### **WHAT THE PRESCRIPTION DRUG PROGRAM COVERS**

The Plan will provide benefits for those Covered Drugs prescribed for your use by your Provider



## PRESCRIPTION DRUG PROGRAM

which require a valid Prescription Order before they can be sold to you, and which are required by law to have a label stating "Caution - Federal Law Prohibits Dispensing Without a Prescription." These drugs are commonly called Legend Drugs. As new drugs are approved by the Food and Drug Administration (FDA), such drugs, unless the intended use is specifically excluded under the Plan, are eligible for benefits.

### *Generic Covered Drugs*

You are encouraged to select Generic Covered Drugs when your prescribing Provider and pharmacist feel it is safe to do so and where state or federal laws permit.

### *Injectable Drugs*

Injectable drugs for subcutaneous self-administration are also covered under the Plan. You are responsible for any Co-payment amounts, and pricing differences that may apply. Injectable drugs include, but are not limited to, insulin and Imitrex.

The Day Supply of disposable syringes and needles you will need for self-administered injections will be limited on each occasion dispensed to amounts appropriate to the dosage amounts of covered injectable drugs actually prescribed and dispensed, but cannot exceed 100 syringes and needles per Prescription Order in a 30-day period.

### *Amount of Your Payment*

The amount of your payment under the Plan depends on whether:

- The Prescription Order is filled at a Participating Pharmacy, through the Mail Service Prescription Drug Program, or at a Non-Participating Pharmacy; and
- A Generic Covered Drug or Brand Name Covered Drug is dispensed.

If the Allowable Amount of the prescription drug is less than the Co-payment amount, the

Participant will pay the lower cost.

### LIMITATIONS ON QUANTITIES DISPENSED

Benefits for Covered Drugs obtained from a Participating Pharmacy or a Non-Participating Pharmacy are provided for up to a maximum 30-Day Supply. Benefits for Covered Drugs obtained from the Mail Service Prescription Drug Program are provided for up to a maximum of a 90-Day Supply.

If a Prescription Order is written for a certain quantity of medication to be taken in a time period directed by a Physician, the Prescription Order will only be covered for a clinically appropriate pre-determined quantity of medication for the specified amount of time. To determine if a specific drug is subject to this limitation, contact the Customer Service Helpline telephone number shown in this Benefit Booklet or on your Identification Card.

Payment for benefits covered under this Plan **may be denied** if drugs are dispensed or delivered in a manner intended to change, or having the effect of changing or circumventing, the 90-day maximum Day Supply limitation. (Refer to the subparagraph entitled "**Unauthorized, Fraudulent, Improper or Abusive Use of Identification Cards**" in this "**PRESCRIPTION DRUG PROGRAM**" Section of the Benefit Booklet for additional information).

## PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

### WHAT IS NOT COVERED UNDER THE PRESCRIPTION DRUG PROGRAM

The benefits of the Prescription Drug Program are not available for:

1. Drugs which do not by law require a Prescription Order from a Provider (except injectable insulin and insulin pens); and drugs or covered devices for which no valid Prescription Order is obtained.
2. Devices or durable medical equipment of any type (even though such devices may require a Prescription Order), such as, but not limited to, contraceptive devices, therapeutic devices, artificial appliances, or similar devices (except disposable hypodermic needles and syringes for self-administered injections).
3. Administration or injection of any drugs.
4. Vitamins (except those vitamins which by law require a Prescription Order and for which there is no non-prescription alternative).
5. Drugs dispensed in a Physician's office or during confinement while a patient in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility.
6. Covered Drugs, devices, or other Pharmacy services or supplies provided or available in connection with an occupational sickness or an injury sustained in the scope of and in the course of employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
7. Covered Drugs, devices, or other Pharmacy services or supplies for which benefits are, or could upon proper claim be, provided under any present or future laws enacted by the Legislature of any state, or by the Congress of the United States, or the laws, regulations or established procedures of any county or municipality, except any program which is a state plan for medical assistance (Medicaid), or any prescription drug which may be properly obtained without charge under local, state, or federal programs, unless such exclusion is expressly prohibited by law.
8. Any special services provided by the Pharmacy, including but not limited to, counseling and delivery.
9. Drugs for which the Pharmacy's usual and customary charge to the general public is less than or equal to the Participant's cost share determined under this Plan.
10. Contraceptive devices, non-prescription contraceptive materials, (except prescription contraceptive drugs), and oral and injectable infertility and fertility medications which are Legend Drugs.
11. Any prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations.
12. Drugs required by law to be labeled: "Caution - Limited by Federal Law to Investigational Use," or experimental drugs, even though a charge is made for the drugs.
13. Drugs dispensed in quantities in excess of the Day Supply amounts stipulated in the subsection entitled "**LIMITATIONS ON QUANTITIES DISPENSED**" in the "**PRESCRIPTION DRUG PROGRAM**" Section of this Benefit Booklet.

## PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

14. Certain Covered Drugs exceeding the clinically appropriate predetermined quantity, or refills of any prescriptions in excess of the number of refills specified by the Physician or by law, or any drugs or medicines dispensed more than one year following the Prescription Order date.
  15. Legend Drugs which are not approved by the U.S. Food and Drug Administration (FDA) for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.
  16. Fluids, solutions, nutrients, or medications (including all additives and chemotherapy) used or intended to be used by intravenous or gastrointestinal (enteral) infusion or by intravenous, intramuscular (in the muscle), intrathecal (in the spine), or intraarticular (in the joint) injection in the home setting. This exception does not apply to dietary formula necessary for the treatment of phenylketonuria (PKU) or other heritable diseases.
  17. Drugs prescribed and dispensed for the treatment of obesity or for use in any program of weight reduction, weight loss, or dietary control.
  18. Drugs for the use or intended use of which would be illegal, unethical, imprudent, abusive, not Medically Necessary, or otherwise improper.
  19. Drugs obtained by unauthorized, fraudulent, abusive, or improper use of the Identification Card.
  20. Drugs used or intended to be used in the treatment of a condition, sickness, disease, injury, or bodily malfunction which is not covered under your Employer's group health care plan, or for which benefits have been exhausted.
  21. Rogaine, minoxidil, or any other drugs, medications, solutions, or preparations used or intended for use in the treatment of hair loss, hair thinning, or any related condition, whether to facilitate or promote hair growth, to replace lost hair, or otherwise.
  22. Services and supplies for smoking cessation programs and the treatment of nicotine addiction that exceeds the \$200 Calendar Year Maximum.
  23. Compounded drugs that do not meet the definition of Compound Drugs in this Benefit Booklet.
  24. Cosmetic drugs used primarily to enhance appearance, including, but not limited to, correction of skin wrinkles and skin aging.
  25. Prescription Orders for which there is an over-the-counter product available with the same active ingredient(s).
  26. Athletic performance enhancement drugs.
  27. Allergy serum and allergy testing materials.
  28. Injectable drugs, except those self-administered subcutaneously.
- Notwithstanding the foregoing, the exclusions described in this "**PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS**" Section of the Benefit Booklet shall not apply to any coverage held by the Participant for prescription drug expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.

## DEFINITIONS

*The definitions used in this Benefit Booklet apply to all Benefit Coverages unless otherwise indicated.*

**Accidental Injury** means accidental bodily injury resulting, directly and independently of all other causes, in initial necessary care provided by a Physician or Professional Other Provider within 30 days after the occurrence.

**Allowable Amount** means the maximum amount determined by BCBSTX to be eligible for consideration of payment for a particular service, supply or procedure.

1. ***For Hospitals and Facility Other Providers, Physicians and Professional Other Providers Contracting with the Claims Administrator in Texas or any other Blue Cross and Blue Shield Plan*** - The Allowable Amount is based on the terms of the Provider contract and the payment methodology in effect on the date of service. The payment methodology used may include diagnosis-related groups (DRG), fee schedule, package pricing, global pricing, per diems, case-rates, discounts or other payment methodologies.
2. ***For procedures, services or supplies provided in Texas by Physicians and Professional Other Providers not contracting with the Claims Administrator*** - The Allowable Amount will be the lesser of the billed charge or the amount BCBSTX, the Claims Administrator, would have considered for payment for the same covered procedure, service, or supply if performed or provided by a Physician or Professional Other Provider with similar experience and/or skill.

If the Claims Administrator does not have sufficient data to calculate the Allowable Amount for a particular procedure, service or supply, the Claims Administrator will determine

an Allowable Amount based on the complexity of the procedure, service, or supply and any

unusual circumstances or medical complications specifically brought to its attention, which require additional experience, skill and/or time.

3. ***For procedures, services or supplies performed outside of Texas by Physicians or Professional Other Providers not contracting with the Claims Administrator or any other Blue Cross and Blue Shield Plan*** - The Claims Administrator will establish an Allowable Amount using, Texas regional or state allowable amounts applicable to procedures, services, or supplies of Physicians or Professional Other Providers with similar skills and experience.
4. ***For multiple surgeries*** - The Allowable Amount for all surgical procedures performed on the same patient on the same day, will be the amount for the single procedure with the highest Allowable Amount *plus* one-half of the Allowable Amount *for each* of the other covered procedures performed.
5. ***For drugs administered by a Home Infusion Therapy Provider*** - The Allowable Amount will be the lesser of (1) the actual charge, or (2) the Average Wholesale Price (AWP) plus a predetermined percentage mark-up or mark-down from the AWP established by BCBSTX and updated on a periodic basis.
6. ***For procedures, services or supplies provided to Medicare recipients*** - The Allowable Amount will not exceed Medicare's limiting charge.
7. ***For Covered Drugs from a Participating Pharmacy or Mail Service Prescription***

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**Drug Program** – The Allowable Amount is based on the provisions of the contract between BCBSTX and the Participating Pharmacy/Mail Service Pharmacy in effect on the date of service.

8. **For Covered Drugs from a Non-Participating Pharmacy** – The Allowable Amount is based on the amount BCBSTX would have considered for payment for the same Covered Drug received at a Participating Pharmacy.

**Annual Enrollment Period** means the period preceding the next Plan Anniversary Date during which employees and dependents may change their coverage.

**Average Wholesale Price** means any one of the recognized published averages of the prices charged by wholesalers in the United States for the drug products they sell to a Pharmacy.

**Brand Name Covered Drug** means a Covered Drug which is protected by trademark registration.

**Calendar Year** means the period commencing each January 1 and ending on the next succeeding December 31, inclusive.

**Chemical Dependency** means the abuse of or psychological or physical dependence on or addiction to alcohol or a controlled substance.

**Chemical Dependency Treatment Center** means a facility which provides a program for the treatment of chemical dependency pursuant to a written treatment plan approved and monitored by a Physician and which facility is also:

- Affiliated with a Hospital under a contractual agreement with an established system for patient referral;
- Accredited as such a facility by the Joint Commission on Accreditation of

Hospitals;

- Licensed as a chemical dependency treatment program by the Texas Commission on Alcohol and Drug Abuse; or
- Licensed, certified, or approved as a chemical dependency treatment program or center by any other state agency having legal authority to so license, certify, or approve.

Any Chemical Dependency Treatment Center located outside the state of Texas shall be licensed, certified, or approved as a Chemical Dependency Treatment Center by the appropriate agency of the state in which it is located and be accredited as such an institution by the Joint Commission on Accreditation of Healthcare Organizations.

**Chiropractic Services** means any services or supplies provided by or under the direction of a Doctor of Chiropractic.

**Claims Administrator** means Blue Cross and Blue Shield of Texas (BCBSTX). BCBSTX, as part of its duties as Claims Administrator, may subcontract portions of its responsibilities. *Claims Administrator* may also mean any successor named by the Plan Administrator.

**Clinical Ecology** means the inpatient or outpatient diagnosis or treatment of allergic symptoms by:

- Cytotoxicity testing (testing the result of food or inhalant by whether or not it reduces or kills white blood cells);
- Urine auto injection (injecting one's own urine into the tissue of the body);
- Skin irritation by Rinkel method;
- Subcutaneous provocative and neutralization testing (injecting the

## DEFINITIONS

patient with allergen); or

- Sublingual provocative testing (droplets of allergenic extracts are placed in mouth).

**Complications of Pregnancy** means:

- Conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, pre-eclampsia, eclampsia, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.
- Termination of pregnancy by nonelective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy occurring during a period of gestation in which a viable birth is not possible.

**Compound Drugs** means those drugs that meet the following requirements:

- The approved product must have an assigned National Drug Code (NDC);
- The drugs in the compounded product have to be Food and Drug Administration (FDA) approved; and
- The primary active ingredient is a Covered Drug under the Prescription Drug Program.

**Contracting Facility** means a Hospital, a Facility Other Provider, or any other facility or institution with which the Claims Administrator has executed a written contract for the provision of care, services, or supplies furnished within the scope of its license for benefits available under the Plan. A Contracting Facility shall also include a Hospital or Facility Other Provider located outside the State of Texas, and with which any other Blue Cross Plan has executed such a written contract; provided, however, any such facility that fails to satisfy each and every requirement contained in the definition of such institution or facility as provided in the Plan shall be deemed a Non-Contracting Facility regardless of the existence of a written contract with another Blue Cross Plan.

**Co-payment** or **Co-pay** means the dollar amount that a Participant must pay toward an Eligible or Covered Expense at the time the service or supply is requested and/or received before any other amount of the charge will be considered by the Plan for payment.

**Co-Share Amount** means the dollar amount of Eligible or Covered Expenses incurred by a Participant during a Calendar Year that exceeds benefits provided under the Plan. Refer to the sub-section entitled “Co-Share Stop-Loss Amount” in the **MEDICAL BENEFITS PROVIDED** Section of this Benefit Booklet for additional information.

**Cosmetic, Reconstructive, or Plastic Surgery** means surgery that:

- Can be expected or is intended to improve the physical appearance of a Participant;
- Is performed for psychological purposes; or
- Restores form but does not correct or materially restore a bodily function.

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**Covered Drug** means any Legend Drug or injectable insulin, including disposable syringes and needles needed for self-administration:

- Which is Medically Necessary or for prevention of pregnancy and ordered by a Provider naming a Participant as the recipient;
- For which a written or verbal Prescription Order is prepared by a Provider;
- For which a separate charge is customarily made;
- Which is not entirely consumed at the time and place that the Prescription Order is written;
- For which the U.S. Food and Drug Administration (FDA) has given approval for a particular use or purpose; and
- Which is dispensed by a Pharmacy and is received by the Participant while covered under the Plan, **except when** received from a Provider's office, or during confinement while a patient in a Hospital or other acute care institution or facility.

**Covered Oral Surgery** means maxillofacial surgical procedures limited to:

- Excision of nondental related neoplasms, including benign tumors and cysts and all malignant and premalignant lesions and growths;
- Incision and drainage of facial abscess;
- Surgical procedures involving salivary glands and ducts and nondental related procedures of the accessory sinuses; and
- Surgical and diagnostic treatment of

conditions affecting the temporomandibular joint as a result of an accident, a trauma, a congenital defect, a developmental defect, or a pathology.

**Crisis Stabilization Unit or Facility** means an institution which is appropriately licensed and accredited as a Crisis Stabilization Unit or Facility for the provision of Mental Health Care and treatment of Serious Mental Illness services to persons who are demonstrating an acute demonstrable psychiatric crisis of moderate to severe proportions.

**Custodial Care** means care comprised of services and supplies, including room and board and other institutional services, provided to a Participant primarily to assist in activities of daily living and to maintain life and/or comfort with no reasonable expectation of cure or improvement of sickness or injury. *Custodial Care* is care which is not a necessary part of medical treatment for recovery, and shall include, but not be limited to, helping a Participant walk, bathe, dress, eat, prepare special diets, and take medication.

**Day Supply** means the number of units to be dispensed. The Claims Administrator has the right to determine the Day Supply at its sole discretion. A Day Supply of a given prescription drug is determined based on pertinent medical information and clinical efficacy and safety. Quantities of some drugs are restricted regardless of the quantity ordered by the Physician.

**Deductible** means the dollar amount of Eligible or Covered Expenses that must be incurred by a Participant before benefits under the Plan will be available.

**Dietary and Nutritional Services** means the education, counseling, or training of a Participant (including printed material) regarding:

## DEFINITIONS

- Diet;
- Regulation or management of diet; or
- The assessment or management of nutrition.

**Durable Medical Equipment Provider** means a Provider that provides therapeutic supplies and rehabilitative equipment and is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

**Effective Date** means the date the coverage for a Participant actually begins. It may be different from the Eligibility Date.

**Eligibility Date** means the date the Participant satisfies the definition of either *employee* or *dependent* and is in a class eligible for coverage under the Plan as described in the subsections entitled “**ELIGIBILITY FOR EMPLOYEES**” and “**ELIGIBILITY FOR DEPENDENTS**” in the “**ELIGIBILITY AND PARTICIPATION**” Section of this Benefit Booklet.

**Eligible or Covered Expenses** means either *Inpatient Hospital Expense, Medical-Surgical Expense, or Extended Care Expense or a Covered Drug*, as specified in this Benefit Booklet.

**Emergency Care** means health care services provided in a Hospital emergency facility (emergency room) or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including but not limited to severe pain, that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that the person’s condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

- Placing the patient’s health in serious jeopardy;
- Serious impairment of bodily functions;

- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Employer** means the person, firm, or institution named on the cover of this Benefit Booklet.

**Environmental Sensitivity** means the inpatient or outpatient treatment of allergic symptoms by:

- Controlled environment;
- Sanitizing the surroundings, removal of toxic materials; or
- Use of special nonorganic, nonrepetitive diet techniques.

**Experimental/Investigational** means the use of any treatment, procedure, facility, equipment, drug, device, or supply not accepted as *standard medical treatment* of the condition being treated or any of such items requiring Federal or other governmental agency approval not granted at the time services were provided.

*Approval* by a Federal agency means that the treatment, procedure, facility, equipment, drug, or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient.

As used herein, *medical treatment* includes medical, surgical, or dental treatment. *Standard medical treatment* means the services or supplies that are in general use in the medical community in the United States, and:

- Have been demonstrated in peer reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- Are appropriate for the Hospital or



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Facility Other Provider in which they were performed; and

- The Physician or Professional Other Provider has had the appropriate training and experience to provide the treatment or procedure.

The Claims Administrator for the Plan shall determine whether any treatment, procedure, facility, equipment, drug, device, or supply is Experimental/ Investigational, and will consider the guidelines and practices of Medicare, Medicaid or other government-financed programs in making its determination.

Although a Physician or Professional Other Provider may have prescribed treatment, and the services or supplies may have been provided as the treatment of last resort, such services, supplies, or treatment may still be considered to be Experimental/ Investigational within this definition. Treatment provided as part of a clinical trial or a research study is Experimental/ Investigational.

**Extended Care Expense** means the services and supplies provided by a Skilled Nursing Facility, a Home Health Agency, or a Hospice as described in the subsection entitled “**BENEFITS FOR EXTENDED CARE EXPENSE**” in the “**MEDICAL BENEFITS PROVIDED**” Section of this Benefit Booklet.

**Generic Covered Drug** means a Covered Drug pharmaceutically and therapeutically equivalent to the Brand Name Covered Drug prescribed, and which usually costs less than the Brand Name Covered Drug.

**Home Health Agency** means a business that provides Home Health Care and is licensed by the Department of Health. A Home Health Agency located in another state must be licensed, approved, or certified by the appropriate agency of the state in which it is located and be certified by Medicare as a supplier of Home Health Care.

**Home Health Care** means the health care services for which benefits are provided under the Plan when such services are provided during a visit by a Home Health Agency to patients confined at home due to a sickness or injury requiring skilled health care services on an intermittent, part-time basis.

**Home Infusion Therapy** means the administration of fluids, nutrition or medication (including all additives and chemotherapy) by intravenous or gastrointestinal (enteral) infusion or by intravenous injection in the home setting. Home Infusion Therapy shall include:

- Drugs and IV solutions;
- Pharmacy compounding and dispensing services;
- All equipment and ancillary supplies necessitated by the defined therapy;
- Delivery services;
- Patient and family education; and
- Nursing services.

Over-the-counter products which do not require a Physician’s or Professional Other Provider’s prescription, including but not limited to standard nutritional formulations used for enteral nutrition therapy, are not included within this definition.

**Home Infusion Therapy Provider** means an entity that is duly licensed by the appropriate state agency to provide Home Infusion Therapy.

**Hospice** means a facility or agency primarily engaged in providing skilled nursing services and other therapeutic services for terminally ill patients and which is:

- Licensed in accordance with state law (where the state law provides for such licensing); and

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- Certified by Medicare as a supplier of Hospice Care.

**Hospice Care** means services for which benefits are provided under the Plan when provided by a Hospice to patients confined at home or in a Hospice facility due to a terminal sickness or terminal injury requiring skilled health care services.

**Hospital** means a short-term acute care facility which:

- Is duly licensed as a Hospital by the state in which it is located and meets the standards established for such licensing, and is either accredited by the Joint Commission on Accreditation of Healthcare Organizations or is certified as a Hospital provider under Medicare;
- Is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians for compensation from its patients;
- Has organized departments of medicine and major surgery, either on its premises or in facilities available to the Hospital on a contractual prearranged basis, and maintains clinical records on all patients;
- Provides 24-hour nursing services by or under the supervision of a Registered Nurse;
- Has in effect a Hospital Utilization Review Plan; and
- Is not, other than incidentally, a Skilled Nursing Facility, nursing home, Custodial Care home, health resort, spa or sanitarium, place for rest, place for the aged, place for the treatment of

Chemical Dependency, Hospice, or place for the provision of rehabilitative care.

**Hospital Admission** means the period between the time of a Participant's entry into a Hospital or a Chemical Dependency Treatment Center as a *bed patient* and the time of discontinuance of bed-patient care or discharge by the admitting Physician or Professional Other Provider, whichever first occurs. The day of entry, but not the day of discharge or departure, shall be considered in determining the length of a Hospital Admission. If a Participant is admitted to and discharged from a Hospital within a 24-hour period but is confined as a bed patient in a bed accommodation during the period of time he is confined in the Hospital, the admission shall be considered a Hospital Admission by the Plan.

*Bed patient* means confinement in a bed accommodation of a Chemical Dependency Treatment Center on a 24-hour basis or in a bed accommodation located in a portion of a Hospital which is designed, staffed and operated to provide acute, short-term Hospital care on a 24-hour basis; the term does not include confinement in a portion of the Hospital (other than a Chemical Dependency Treatment Center) designed, staffed and operated to provide long-term institutional care on a residential basis.

**Identification Card** means the card issued to the employee by the Claims Administrator of the Plan indicating pertinent information applicable to his coverage.

**Imaging Center** means a Provider that can furnish technical or total services with respect to diagnostic imaging services and is licensed through the Texas State Radiation Control Agency.

**Independent Laboratory** means a Medicare certified laboratory that provides technical and professional anatomical and/or clinical laboratory services.

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**In-Network (Network) Benefits** means the benefits available under the Plan for services and supplies that are provided by or referred by a network Provider or referred through the Mental Health Helpline.

**Inpatient Hospital Expense** means charges incurred for the Medically Necessary items of service or supply listed below for the care of a Participant; provided that such items are:

- Furnished at the direction or prescription of a Physician or Professional Other Provider;
- Provided by a Hospital or a Chemical Dependency Treatment Center; and
- Furnished to and used by the Participant during a Hospital Admission.

An expense shall be deemed to have been incurred on the date of provision of the service for which the charge is made. *Inpatient Hospital Expense* shall include:

- Room accommodation charges. *If the Participant is in a private room, the amount of the room charge in excess of the Hospital's average semiprivate room charge is not an Eligible or Covered Expense.*
- All other usual Hospital services which are Medically Necessary and consistent with the condition of the Participant. *Personal items are not an Eligible or Covered Expense.*

Medically Necessary Mental Health Care or treatment of Serious Mental Illness in a Psychiatric Day Treatment Facility, a Crisis Stabilization Unit or Facility, or a Residential Treatment Center for Children and Adolescents, in lieu of Hospitalization, shall be *Inpatient Hospital Expense*.

**Legend Drugs** means drugs, biologicals, or compounded prescriptions which are required by

law to have a label stating "Caution - Federal Law Prohibits Dispensing Without a Prescription," and which are approved by the U.S. Food and Drug Administration (FDA) for a particular use or purpose.

**Marriage and Family Therapy** means the provision of professional therapy services to individuals, families, or married couples, singly or in groups, and involves the professional application of family systems theories and techniques in the delivery of therapy services to those persons. The term includes the evaluation and remediation of cognitive, affective, behavioral, or relational dysfunction within the context of marriage or family systems.

**Maternity Care** means care and services provided for treatment of the condition of pregnancy, other than Complications of Pregnancy.

**Medical Social Services** means those social services relating to the treatment of a Participant's medical condition. Such services include, but are not limited to assessment of the:

- Social and emotional factors related to the Participant's sickness, need for care, response to treatment and adjustment to care; and
- Relationship of the Participant's medical and nursing requirements to the home situation, financial resources, and available community resources.

**Medical-Surgical Expense** means the Allowable Amount incurred for the items of service or supply listed below for the care of a Participant, provided such items are:

- Furnished by or at the direction or prescription of a Physician or Professional Other Provider; and

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- Not included as an item of *Inpatient Hospital Expense* or *Extended Care Expense* in the Plan.

A service or supply is furnished at the direction of a Physician or Professional Other Provider if the listed service or supply is:

- Provided by a person employed by the directing Physician or Professional Other Provider;
- Provided at the usual place of business of the directing Physician or Professional Other Provider; and
- Billed to the patient by the directing Physician or Professional Other Provider.

An expense shall have been incurred on the date of provision of the service for which the charge is made.

*Medical-Surgical Expense* shall include:

1. Services of Physicians or Professional Other Providers, and in case of a professional counselor or licensed marriage and family therapist, a professional recommendation has been obtained from the Physician;
2. Services of a certified registered nurse-anesthetist;
3. Physical Medicine Services;
4. Chiropractic Services, as shown on your Schedule of Coverage;
5. Diagnostic x-ray and laboratory procedures;
6. Radiation therapy;
7. Dietary formulas necessary for the treatment of phenylketonuria (PKU) or other heritable diseases;
8. Rental of durable medical equipment required for therapeutic use unless purchase of such equipment is required by the Plan.

*The term "durable medical equipment" shall not include:*

- Equipment primarily designed for alleviation of pain or provision of patient comfort; or
- Home air fluidized bed therapy.

Examples of non-covered equipment include, but are not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment, and whirlpool bath equipment;

9. Professional local ground ambulance service or air ambulance service to the nearest Hospital appropriately equipped and staffed for treatment of the Participant's condition;
10. Anesthetics and its administration, when performed by someone other than the operating Physician or Professional Other Provider;
11. Oxygen and its administration provided the oxygen is actually used;
12. Blood, including cost of blood, blood plasma, and blood plasma expanders, which is not replaced by or for the Participant;
13. Prosthetic Appliances, excluding all replacements of such devices other than those necessitated by growth to maturity of the Participant;
14. Orthopedic braces (i.e., an orthopedic appliance used to support, align, or hold bodily parts in a correct position) and crutches, including rigid back, leg or neck braces, casts for treatment of any part of the legs, arms, shoulders, hips or back; special surgical and back corsets, Physician-prescribed, directed, or applied dressings, bandages, trusses, and splints which are

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custom designed for the purpose of assisting the function of a joint.

Non-covered items include, but are not limited to, an orthodontic or other dental appliance; splints or bandages provided by a Physician in a non-Hospital setting or purchased "over the counter" for support of strains and sprains; orthopedic shoes which are a separable part of a covered brace, specially ordered, custom-made or built-up shoes, cast shoes, shoe inserts designed to support the arch or affect changes in the foot or foot alignment, arch supports, elastic stockings and garter belts. NOTE: This does not apply to podiatric appliances when provided as diabetic equipment.

15. Home Infusion Therapy when the treatment plan is preauthorized by the Home Infusions Therapy Provider in accordance with the Claims Administrator's established procedures. Any item of Home Infusion Therapy covered under this subsection will not be eligible for benefits under any other provision of the Plan;
16. Services or supplies used by the Participant during an outpatient visit to a Hospital, a Therapeutic Center, or a Chemical Dependency Treatment Center;
17. Certain Diagnostic Procedures;
18. Injectable drugs that are Legend Drugs to be administered in the spine, joint, or muscle when given in the Physician's office. These medications may be purchased at a Pharmacy and charges submitted on subscriber-filed claim form for reimbursement of eligible benefits;
19. Bariatric Surgery when Medically Necessary;
20. Reduction Mammoplasty when Medically Necessary; and

21. Reasonable and necessary transportation, lodging, meals, and expenses for the patient and a companion during the period of required Medically Necessary treatment, as determined by the Claims Administrator's case management, of the patient for travel to the nearest medical facility qualified to give the required treatment when it is Medically Necessary for the patient to receive special treatment or services. Benefits payable for up to a total of \$200 per day for both the patient and companion.

Transportation must be:

- To and from the site of the required treatment; and
- For the purposes of an evaluation, treatment or the necessary post-treatment follow up.

These services must be given within the United States, Puerto Rico or Canada. There is an overall lifetime maximum of \$10,000 per covered patient for transportation, lodging and meal expenses incurred in connection with all covered treatment.

**Medically Necessary or Medical Necessity** means those services or supplies covered under the Plan which are:

- Essential to, consistent with, and provided for the diagnosis or the direct care and treatment of the condition, sickness, disease, injury, or bodily malfunction;
- Provided in accordance with and are consistent with generally accepted standards of medical practice in the United States;
- Not primarily for the convenience of the Participant, his Physician, the Hospital or the Other Provider; and

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- The most economical supplies or levels of service that are appropriate for the safe and effective treatment of the Participant. When applied to Hospitalization, this further means that the Participant requires acute care as a bed patient due to the nature of the services provided or the Participant's condition, and the Participant cannot receive safe or adequate care as an outpatient.

The Claims Administrator for the Plan shall determine whether a service or supply is Medically Necessary under the Plan and will consider the views of the state and national medical communities, the guidelines and practices of Medicare, Medicaid, or other government-financed programs, and peer reviewed literature. Although a Physician or Professional Other Provider may have prescribed treatment, such treatment may not be Medically Necessary within this definition.

**Mental Health Care** means any one or more of the following:

- The diagnosis or treatment of a mental disease, disorder, or condition listed in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, as revised, or any other diagnostic coding system as used by the Claims Administrator, whether or not the cause of the disease, disorder or condition is physical, chemical, or mental in nature or origin;
- The diagnosis or treatment of any symptom, condition, disease or disorder by a Physician or Professional Other Provider (or by any person working under the direction or supervision of a Physician or Professional Other Provider) when the Eligible or Covered Expense is:

- Individual, group, family or conjoint psychotherapy;
- Counseling;
- Psychoanalysis;
- Psychological testing and assessment;
- The administration or monitoring of psychotropic drugs; or
- Hospital visits or consultations in a Hospital, Facility Other Provider, or other licensed facility or unit providing such care;
- Electroconvulsive treatment;
- Psychotropic drugs; or
- Any of the services listed above, performed in or by a Hospital, Facility Other Provider, or other licensed facility or unit providing such care.

**National Drug Code (NDC)** means a national classification system for the identification of drugs.

**Network** means identified Physicians, Professional Other Providers, Hospital, and other facilities that have entered into agreements with BCBSTX (and in some instances with other participating Blue Cross and/or Blue Shield Plans) for participation in a managed care arrangement.

**Network Provider** means a Hospital, Physician, or Other Provider who has entered into an agreement with BCBSTX to participate as a managed care Provider.

**Non-Participating Pharmacy** means a Pharmacy which has not entered into an agreement to provide prescription drug services

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to Participants under the Prescription Drug Program.

**Non-Contracting Facility** means a Hospital, a Facility Other Provider, or any other facility or institution which has not executed a written contract with BCBSTX for the provision of care, services, or supplies for which benefits are provided by the Plan. Any Hospital, Facility Other Provider, facility, or institution with a written contract with BCBSTX which has expired or has been canceled is a Non-Contracting Facility.

**Other Provider** means a person or entity, other than a Hospital or Physician, that is licensed where required to furnish to a Participant an item of service or supply described herein as Eligible or Covered Expenses. Other Provider shall include:

1. **Facility Other Provider** - an institution or entity, only as listed:

- Birthing Center;
- Chemical Dependency Treatment Center;
- Crisis Stabilization Unit or Facility;
- Durable Medical Equipment Provider;
- Home Health Agency;
- Home Infusion Therapy Provider;
- Hospice;
- Imaging Center;
- Independent Laboratory;
- Prosthetics/Orthotics Provider;
- Psychiatric Day Treatment Facility;
- Renal Dialysis Center;
- Residential Treatment Center for Children and Adolescents;
- Skilled Nursing Facility; or
- Therapeutic Center.

2. **Professional Other Provider** - a person or practitioner, when acting within the scope of his license and who is appropriately certified, only as listed:

- Advanced Practice Nurse;
- Doctor of Chiropractic;
- Doctor of Dentistry;
- Doctor of Optometry;
- Doctor of Podiatry;
- Doctor in Psychology;
- Licensed Audiologist;
- Licensed Chemical Dependency Counselor;
- Licensed Clinical Social Worker;
- Licensed Dietitian;
- Licensed Hearing Instrument Fitter and Dispenser;
- Licensed Marriage and Family Therapist;
- Licensed Midwives;
- Licensed Occupational Therapist;
- Licensed Physical Therapist;
- Licensed professional counselor;
- Licensed Speech-Language Pathologist;
- Licensed Surgical Assistant;
- Nurse First Assistant;
- Physician Assistant; and
- Psychological Associates who work under the supervision of a Doctor in Psychology.

In states where there is a licensure requirement, Other Providers must be licensed by the appropriate state administrative agency.

**Out-of-Area Benefits** means the benefits available under the Plan for services and supplies that are provided when a Participant resides outside of the managed care Plan Service Area and therefore does not have access to Network Providers.

**Out-of-Network Benefits** means the benefits available under the Plan for services and supplies that are provided by an Out-of-Network Provider.

**Out-of-Network Provider** means a Hospital, Physician, or Other Provider, who has not entered into an agreement with BCBSTX as a managed care Provider. For the EPO Plan, **no**

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**benefits are paid to an Out-of-Network Provider** under this Plan unless use of such Provider is authorized by BCBSTX prior to the visit or for Emergency Care.

**Out-of-Pocket Maximum or Co-Share Stop-Loss Amount** means the maximum dollar amount that you will pay for Eligible or Covered Expenses, excluding the Deductible and Co-payments, as specified in the Schedule of Coverage. The Out-of-Pocket Maximum or Co-Share Stop-Loss Amount shall be calculated on a Plan Year basis. Only Co-Share Amounts apply to satisfaction of the Out-of-Pocket Maximum. After the Out-of-Pocket Maximum has been met for the Plan Year, Eligible or Covered Expenses, other than those listed below are payable at 100%, subject to any lifetime maximum:

- Billed charges above the Claims Administrator's Allowable Amount;
- Mental disorder treatment and Chemical Dependency Treatment; and
- Outpatient prescription drugs.

Any amount that you pay toward a medical service or supply that is not an Eligible or Covered Expense shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum). Therefore, the following amounts shall not count toward the Co-Share Stop-Loss Amount (Out-of-Pocket Maximum):

- Services, supplies, or charges limited or excluded by the Plan;
- Expenses not covered because a benefit maximum has been reached;
- Any Eligible or Covered Expenses paid by the Claims Administrator when the Plan is the secondary plan for purposes of coordination of benefits;
- Penalties applied for failure to preauthorize; and

- Any Co-payment amounts under the Prescription Drug Program.

Eligible or Covered Expenses for Out-of-Network Providers do not count toward the Network individual and Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum). Likewise, Eligible or Covered Expenses for Network Providers do not count toward the Out-of-Network individual and Out-of-Network family Co-Share Stop-Loss Amount (Out-of-Pocket Maximum).

**Outpatient Contraceptive Service** means a consultation, examination, procedure, or medical service that is provided on an outpatient basis and that is related to the use of a drug or device intended to prevent pregnancy.

**Participant** means an employee whose coverage has become effective under this Plan.

**Participating Pharmacy** means an independent Pharmacy or chain of Pharmacies that have entered into an agreement to provide prescription drug services to Participants under the Prescription Drug Program.

**Per-Prescription Maximum Co-payment Amount** means the maximum amount that a Participant will have to pay toward a specified Day Supply of any Covered Drug.

**Pharmacy** means a state and federally licensed establishment where the practice of Pharmacy occurs, that is physically separate and apart from any Provider's office, and where Legend Drugs and devices are dispensed under Prescription Orders to the general public by a pharmacist licensed to dispense such drugs, and devices under the laws of the state in which he practices.

**Physical Medicine Services** means those modalities, procedures, tests, and measurements listed in the *Physicians' Current Procedural Terminology Manual* (Procedure Codes 97010-97799), whether the service or supply is



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provided by a Physician or Professional Other Provider and includes, but is not limited to, physical therapy, occupational therapy, hot or cold packs, whirlpool, diathermy, electrical stimulation, massage, ultrasound, manipulation, muscle or strength testing, and orthotics or prosthetic training.

**Physician** means a person, when acting within the scope of his license, who is a Doctor of Medicine or Doctor of Osteopathy.

**Plan Administrator** means the named administrator of the Plan having fiduciary responsibility for its operation. BCBSTX is not the Plan Administrator.

**Plan Anniversary Date** means the day, month, and year of the 12-month period following the Plan Effective Date and each 12-month period thereafter.

**Plan Effective Date** means the date on which coverage for the Employer's Plan begins with the Claims Administrator.

**Plan Service Area** means the geographical area designated by the Employer which determines eligibility for In-Network and Out-of-Network Benefits.

**Plan Year** means the Calendar Year.

**Preexisting Condition** means a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the three months before the earlier of the:

- Effective Date of coverage; or
- First day of any applicable waiting period.

**Prescription Order** means a written or verbal order from a Physician/Professional Other Provider to a pharmacist for a drug or device to be dispensed. Orders written by Physician/Professional Other Providers located

outside the United States to be dispensed in the United States are not covered under the Plan.

**Proof of Loss** means written evidence of a claim including:

- The form on which the claim is made;
- Bills and statements reflecting services and items furnished to a Participant and amounts charged for those services and items that are covered by the claim; and
- Correct diagnosis code(s) and procedure code(s) for the services and items.

**Prosthetic Appliances** means artificial devices including limbs or eyes, braces or similar prosthetic or orthopedic devices, which replace all or part of an absent body organ (including contiguous tissue) or replace all or part of the function of a permanently inoperative or malfunctioning body organ (excluding dental appliances and the replacement of cataract lenses). For purposes of this definition, a wig or hairpiece is not considered a Prosthetic Appliance.

**Prosthetics/Orthotics Provider** means a certified prosthetist that supplies both standard and customized prostheses and orthotic supplies.

**Provider** means a Hospital, Physician, Other Provider, or any other person, company, or institution furnishing to a Participant an item of service or supply listed as Eligible or Covered Expenses.

**Psychiatric Day Treatment Facility** means an institution which is appropriately licensed and is accredited by the Joint Commission on Accreditation of Healthcare Organizations as a Psychiatric Day Treatment Facility for the provision of Mental Health Care and treatment of Serious Mental Illness services to Participants for periods of time not to exceed eight hours in any 24-hour period. Any treatment in a Psychiatric Day Treatment Facility must be

## DEFINITIONS

certified in writing by the attending Physician to be in lieu of Hospitalization.

**Renal Dialysis Center** means a facility which is Medicare certified as an end-stage renal disease facility providing staff assisted dialysis and training for home and self-dialysis.

**Residential Treatment Center for Children and Adolescents** means a child-care institution which is appropriately licensed and accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Association of Psychiatric Services for Children as a residential treatment center for the provision of Mental Health Care and Serious Mental Illness services for emotionally disturbed children and adolescents.

**Serious Mental Illness** means the following psychiatric illnesses defined by the *American Psychiatric Association in the Diagnostic and Statistical Manual (DSM)*:

- Bipolar disorders (hypomanic, manic, depressive, and mixed);
- Depression in childhood and adolescence;
- Major depressive disorders (single episode or recurrent);
- Obsessive-compulsive disorders;
- Paranoid and other psychotic disorders;
- Pervasive developmental disorders;
- Schizo-affective disorders (bipolar or depressive); and
- Schizophrenia.

**Skilled Nursing Facility** means a facility primarily engaged in providing skilled nursing services and other therapeutic services and which is:

- Licensed in accordance with state law (where the state law provides for licensing of such facility); or
- Medicare or Medicaid eligible as a supplier of skilled inpatient nursing care.

**Specialty Care Provider** means a Physician or Professional Other Provider who has entered into an agreement with BCBSTX to participate as a managed care Provider for specialty services.

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**Therapeutic Center** means an institution which is appropriately licensed, certified, or approved by the state in which it is located and which is:

- An ambulatory (day) surgery facility;
- A freestanding radiation therapy center;  
or
- A freestanding birthing center.

## GENERAL INFORMATION

### PARTICIPANT/PROVIDER RELATIONSHIP

The choice of a health care Provider should be made solely by you or your dependents. The Claims Administrator does not furnish services or supplies but only makes payment for an Eligible or Covered Expense incurred by Participants. The Claims Administrator is not liable for any act or omission by any health care Provider. The Claims Administrator does not have any responsibility for a health care Provider's failure or refusal to provide services or supplies to you or your dependents. Care and treatment received are subject to the rules and regulations of the health care Provider selected and are available only for sickness or injury treatment acceptable to the health care Provider.

The Claims Administrator, Network Providers, and/or other contracting Providers are independent contractors with respect to each other. The Claims Administrator in no way controls, influences, or participates in the health care treatment decisions entered into by said Providers. The Claims Administrator does not furnish medical, surgical, Hospitalization, or similar services or supplies, or practice medicine or treat patients. The Providers, their employees, their agents, their ostensible agents, and/or their representatives do not act on behalf of BCBSTX nor are they employees of BCBSTX.

### ASSIGNMENT AND PAYMENT OF BENEFITS

If a written assignment of benefits is made by a Participant to a Provider and the written assignment is delivered to the Claims Administrator with the claim for benefits, the Claims Administrator will make any payment directly to the Provider. Payment to the Provider discharges the Plan's responsibility to the Participant for any benefits available under the Plan.

### AMENDMENTS

The Plan may be amended or terminated at any time by the Employer with prior written notice to the Claims Administrator. No notice or consent by any Participant is necessary to amend or terminate the Plan.

### AGENT

The Employer is not the agent of the Claims Administrator.

### SUBROGATION

In the event you or your dependents suffers an injury or sickness as a result of an allegedly negligent or wrongful act or omission of a third party, the Claims Administrator has the right to pursue subrogation where permitted by law.

Upon payment of the benefits under this Plan, the Claims Administrator as the Plan's third party administrator, shall be subrogated to you or your dependent's right to recovery from any third party alleged to be legally responsible to you or your dependent. The Claims Administrator may use this right to the extent of the benefits paid under this Plan for your injury or sickness that was the result of the third party's allegedly negligent or wrongful act.

For the purposes of this provision, *subrogation* means the substitution of one person or entity (the Plan) in the place of another (you or your dependent) with reference to a lawful claim, demand or right, so that he or she who is substituted succeeds to the rights of the other in relation to the debt or claim, and its rights or remedies.

You and your dependent acknowledge that the Claims Administrator's subrogation rights under this "SUBROGATION" subsection shall be considered as the first priority claims against any such third party and shall extend to any amounts

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you or your dependent receive from such third party. Such first priority claim shall be paid before any other claims which may exist are paid, including claims for general damages by you or your dependent. The Plan's recovery shall be prior to and without regard to whether you or your dependent has received a full recovery and shall not be reduced by any expenses incurred by you or your dependent in obtaining the recovery. The Plan's claim also shall not be reduced for any "make whole," common fund or similar doctrine. You and your dependent agree that as a condition of receiving benefits hereunder, you shall hold any recovery you receive in a constructive trust for the benefit of the Plan and its subrogation right, regardless of whether you are fully compensated for your injuries or losses.

You or your dependent shall cooperate and assist the Claims Administrator in protecting the Claims Administrator's legal rights under these subrogation provisions, and will do nothing to prejudice the

Claims Administrator's rights under these provisions, either before or after the request for services or receipt of benefits under this Plan. You or your dependent agree to promptly furnish to the Plan all information which you have concerning your rights of recovery from any person, organization, or insurer. You, your dependent or your attorney will notify the Plan before settling any claim or suit so as to enable the Claim Administrator to enforce the Plan's rights by participating in the settlement of the claim or suit.

The Claims Administrator may require an assignment from you or your dependent of any right of recovery to the extent of the reasonable value of services and benefits provided by the Plan plus the Plan's reasonable costs of collection, including attorney's fees as described below. The Claims Administrator may require you or your dependent to assign your rights to the first dollars received from third parties up to the full amount paid by the Plan. The Plan may require an escrow of funds to cover future claims arising from the same incident giving rise

to the subrogation claim. Failure to execute a subrogation agreement or other assignment or reimbursement agreement shall be grounds for termination of the coverage of the party refusing to so execute such an agreement.

The Plan Administrator and/or the Claims Administrator may, at its option, take such action as may be necessary and appropriate to preserve its rights under these subrogation provisions, including the right to bring suit on your or your dependent's behalf. The Claims Administrator, may at its option, collect such amounts from the proceeds of any settlement or judgment that may be recovered by you or your dependent or by any representative. Any such proceeds of settlement or judgment shall be held in trust by you, your dependent, or any representative, for the benefit of the Claims Administrator under these subrogation provisions. The Claims Administrator shall be entitled to recover all amounts the Plan expended on behalf of you or your dependent, and also shall be entitled to recover from the proceeds held by you or your dependent, without reduction, the Plan's reasonable attorney fees which the Claims Administrator incurred in pursuing its claim under this "SUBROGATION" subsection.

### REFUND OF BENEFIT PAYMENTS

If the Claims Administrator pays benefits for Eligible or Covered Expenses incurred by you or your dependents and it is found that the payment was more than it should have been, or was made in error, the Plan has the right to a refund from the person to or for whom such benefits were paid, any other insurance company, or any other organization. If no refund is received, the Claims Administrator may deduct any refund due it from any future benefit payment.

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### COORDINATION OF BENEFITS

(This provision does not apply to Prescription Drug Benefits.)

This provision will coordinate the health benefits payable under the Plan with similar benefits payable under other plans.

You or any dependent may be covered under another group health plan. It may be sponsored by another employer who makes contributions or payroll deductions for it. The other plan could also be a government or tax-supported program. This does not include Medicare or Medicaid. (See the subsection entitled “**EFFECT OF MEDICARE AND GOVERNMENT PLANS**” in this “**GENERAL INFORMATION**” Section of this Benefit Booklet to determine how this plan coordinates with Medicare.)

This provision applies when benefits for the same charges are payable under this Plan and another plan.

#### Which Plan is Primary

One of the plans involved will pay the benefits first. (The plan that pays first is called Primary.) The other plans will pay benefits next. (These plans are called Secondary.)

In order to pay claims, the Claims Administrator must find out which plan is Primary and which plans are Secondary.

There are rules to find out which plan is Primary and which plans are Secondary. The rules are used until one is found that applies to the situation. They are always used in the following order:

- A plan which has no coordination of benefits provision will be Primary to a plan which does have a coordination of benefits provision.
  - A plan which covers the person as an employee will be Primary to a plan which covers the same person as a dependent.
  - A person may be covered as a dependent under two or more plans.
  - The plan which covers that person as a dependent of the person whose birthday is earlier in the Calendar Year will be Primary to a plan which covers that person as a dependent of a person whose birthday is later in the Calendar Year.
  - If both parents have the same birthday, the plan which covered one of the parents longer will be Primary to the plan which covered the other parent for a shorter period of time.
  - The other plan may not have a rule based on birthdays similar to this rule. The rule in the other plan will determine which plan is Primary.
- The person may be covered as a dependent under two or more plans of divorced or separated parents. The rules that are used to find out which plan is Primary and which plans are Secondary are as follows:
- The plan of the parent with custody will be Primary to a plan of the parent without custody. Further, the parent with custody may have remarried. In that case, the order of payment will be as follows:
    - The plan of the parent with custody will pay benefits first;
    - The plan of the stepparent with custody will pay benefits next; and
    - The plan of the parent without custody will pay benefits next.
  - There may be a court decree which has specific terms giving one parent financial responsibility for the medical, dental or other health expenses of the dependent child. If the plan which covers the parent with financial responsibility knows the specific terms of the court decree, it is

## GENERAL INFORMATION

Primary to any other plan which covers that dependent child.

- A plan may cover a person as an employee who is not laid-off or retired, or as a dependent of that employee. The Plan will be Primary to any plan which covers the person as a laid-off or retired employee, or as a dependent of that employee. The other plan may not have a rule for laid-off or retired employees similar to this rule. In that case, this rule will not apply.
- If none of the above rules apply, the plan which has covered the person for the longest time will be Primary to all other plans.

You will have to give information about any other plans when you file a claim.

### **Out-of-Pocket Feature**

(Applicable to this “COORDINATION OF BENEFITS” subsection in this “GENERAL INFORMATION” Section only)

This subsection applies when the Plan is Secondary. You may still be required to pay for some charges after the Plan pays its benefits.

The amount of reasonable expenses will be determined first. Then the amount of benefits paid by plans Primary to the Plan will be subtracted from this amount. The Plan will pay you the difference but no more than the amount it would have paid without this provision.

### **How Coordination Works Under the Low Deductible, High Deductible and PPO Plans**

If this Plan is Primary, it will pay benefits first. Benefits under the Plan will not be reduced due to benefits payable under other plans.

If the Plan is Secondary, it pays only the difference between the plans normal benefit and any amount paid by the primary plan. This is called “Non-Duplication Coordination of Benefits.” The covered individual is responsible for any remaining balance up to the allowable

expense amount. The primary plan pays its normal benefits; the secondary plan calculates its normal benefits, then subtracts the amount paid by the primary plan and pays the difference (if any) between the two amounts. The non-duplication method is designed to provide a certain level of cost sharing by imposing covered individual liability. Non-duplication plans do not have a reserve on secondary plan savings. See the example on the next page for more information on Non-Duplication Coordination of Benefits.

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Total charge:	\$600.00
Primary Allowable:	\$600.00 (applies to \$500 Deductible)
Primary Allowable Left Over:	\$100.00
Primary Paid:	\$80.00
Balance:	\$520.00
This Plan's Allowable Charge:	\$600.00 (based on primary allowable)
This Plan's Benefit:	\$580.00 (\$20 Co-pay plan)
Amount Paid by this Plan:	\$520.00
Amount in Reserve:	\$65.00

Example:

Total Charge:	\$100.00
Primary Allowable:	\$100.00
Primary Paid	\$80.00
Balance:	\$20.00
This Plan's Allowable Charge: (based on Primary allowable)	\$100.00
This Plan's Benefit: (PPO in-network coverage at 90%)	\$90.00
Benefit Payable: (The difference between what the primary plan paid and what our plan would have paid.)	\$10.00

This Plan will pay no more than our normal plan benefit. (If this Plans benefit is less than or equal to the primary plans payment, no payment is due by this Plan.)

### How Coordination Works Under the EPO Plan

The primary plan will pay benefits first. The primary plans rate will be the allowable expense. This is called "Come Out Whole Coordination of Benefits." The primary plan pays its normal benefit; the secondary plan pays the difference between the allowable expense and the amount paid by the primary plan, provided the difference does not exceed the normal plan benefit which would have been payable had no other coverage existed. Generally, the member does not incur out-of-pocket costs.

The computation of "Come out Whole Coordination of Benefits is based upon a Calendar Year accumulation period. Any unpaid benefits accumulated by the secondary plan during a Calendar Year can be applied to a reserve. The reserve grows when the secondary plan benefit is saved because the primary Claims Administrator reimburses the member for eligible medical expenses in the Calendar Year that are not reimbursed in full between the two plans normal benefits. This benefit accumulation is even applied to allowable expenses that are not covered by the secondary plan to the extent that they are covered in full or in part by the primary plan. The reserve will decrease when the secondary plan pays more than its normal benefit in order to reimburse the member in full for medical expenses.



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Example:

The Plan receives another claim :	\$100.00
Primary Allowable: (Primary plan does not cover routine exams.)	\$0
Primary Paid:	\$0
Balance:	\$100.00
This Plan's Allowable Charge:	\$100.00
This Plan's Benefit: (\$20 Co-pay plan)	\$80.00
Amount Paid:	\$100.00 (\$80 from this date of service + \$20 from the reserve)
New Reserve Amount:	\$45.00

### EFFECT OF MEDICARE AND GOVERNMENT PLANS

#### Medicare

When you become eligible for Medicare, this Plan pays its benefits in accordance with the Medicare Secondary Payer requirements of federal law. If the Employer is subject to the Medicare Secondary Payer requirements, this Plan will pay primary.

#### When This Plan Pays Primary to Medicare

This Plan pays primary to Medicare for covered persons who are Medicare eligible if:

- Eligibility for Medicare is due to age 65 and the employee has "current employment status" with the employer as defined by federal law and determined by the employer.
- Eligibility for Medicare is due to disability and the disabled employee has "current employment status" with the employer as defined by federal law and determined by the employer.

- Eligibility for Medicare is due to end stage renal disease (ESRD) under the conditions and for the time periods specified by federal law.

#### When Medicare Pays Primary to this Plan

Medicare pays primary to this Plan for covered persons who are Medicare eligible if:

- Eligibility for Medicare is due to end stage renal disease (ESRD), but only after the conditions and/or time periods specified in federal law cause Medicare to become primary.

See "How this Plan Pays When Medicare is Primary."

#### Important! - Medicare Enrollment Requirements

When this Plan pays benefits first, without regard to Medicare, and the covered person wants Medicare to pay after this Plan, the covered person must enroll for Medicare Parts A and B. If the covered person does not enroll for Medicare when he or she is first eligible, the covered person must enroll during the Loss of Coverage Special Enrollment Period which applies to that person when the person stops being eligible under this Plan.

When Medicare pays benefits first, benefits available under Medicare are deducted from the amounts payable under this Plan, whether or not the person has enrolled for Medicare. If Medicare pays first, the covered person should enroll for both Parts A and B of Medicare when that covered person is first eligible; otherwise, the expenses may not be covered by the Plan or Medicare.

#### How This Plan Pays When Medicare Is Primary

If Medicare pays benefits first, this Plan pays benefits as described below. This method of payment only applies to Medicare-eligible

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individuals. It does not apply to any covered person unless that covered person becomes eligible under Medicare and Medicare is the Primary payer.

First, this Plan determines the amount of charges for Eligible or Covered Expenses according to the terms of the Plan. However, the amount of Eligible or Covered Expenses is based on the amount of charges allowed under Medicare rules instead of the Allowable Amount as defined by the Plan. This amount becomes the "Plan benefits". Then, this Plan subtracts the amount payable under Medicare for the same expenses from the Plan benefits. This Plan pays only the difference (if any) between the Plan benefits and Medicare benefits.

The following examples will illustrate how the Plan coordinates with Medicare:

### **Example 1:**

Assume you incur \$1,000 worth of eligible medical expenses under the method of determining the Plan's Eligible or Covered Expenses as described above and the Medicare rules. Further assume you are eligible for Medicare, that Medicare Part B pays first and that it pays eligible claims at 80% after a \$110 Deductible.

	<b>Medicare</b>	<b>This Plan</b>
Eligible or Covered Expenses	\$1,000	\$1,000
Deductible	(\$110)	(\$300)
Amount Subject to Coverage	\$890	\$700
Benefit Rate	x .80	x .80
Result	\$712	\$560

The Plan would pay nothing, because Medicare paid more than the Plan would pay if you had not been covered by Medicare.

### **Example 2:**

Assume the same facts as in Example 1; however, the Medicare Part A Deductible is \$912.

	<b>Medicare</b>	<b>This Plan</b>
Eligible or Covered Expenses	\$1,000	\$1,000
Deductible (Part A)	(\$912)	(\$300)
Amount Subject to Coverage	\$88	\$700
Benefit Rate	x .80	x .80
Result	\$70.40	\$560

The Plan would pay \$489.60, because Medicare did not pay as much as the Plan would pay if you had not been covered by Medicare.

The amount payable under Medicare which is subtracted from this Plan's benefits is determined as the amount that would have been payable under Medicare when Medicare is primary even if:

- The person is not enrolled for Medicare. Medicare benefits are determined as if the person were covered under Medicare Parts A and B.
- The person is enrolled in a Medicare+Choice (Medicare Part C) plan and receives non-covered out-of-network services because the person did not follow all rules of that plan. Medicare benefits are determined as if the services were covered under Medicare Parts A and B.
- The person receives services from a provider who has elected to opt-out of Medicare. Medicare benefits are determined as if the services were covered under Medicare Parts A and B and the provider had agreed to limit charges to the amount of charges allowed under Medicare rules.
- The services are provided in a Veterans Administration facility or other facility of

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the federal government. Medicare benefits are determined as if the services were provided by a non-governmental facility and covered under Medicare.

- The person is enrolled under a plan with a Medicare Medical Savings Account. Medicare benefits are determined as if the person were covered under Medicare Parts A and B.

### Government Plans (other than Medicare and Medicaid)

If you are also covered under a Government Plan, this Plan does not cover any services or supplies to the extent that those services or supplies, or benefits for them, are available to you under the Government Plan.

This provision does not apply to any Government Plan which by law requires this Plan to pay primary.

A Government Plan is any plan, program, or coverage other than Medicare or Medicaid which is established under the laws or regulations of any government, or in which any government participates other than as an employer.

### Refund of Overpayments

If the Claims Administrator pays benefits for expenses incurred on account of you or your dependent, you or any other person or organization that was paid must make a refund to the Claims Administrator if:

- All or some of the expenses were not paid by you or did not legally have to be paid by you or your dependent;
- All or some of the payment made by the Claims Administrator exceeded the benefits under this Plan; or
- If all or some of the expenses were recovered from or paid by a source other than the Plan as a result of charges against a

third party for negligence, wrongful acts or omissions.

If the refund is due from another person or organization, you or your dependent agrees to help the Claims Administrator get the refund when requested.

If you or your dependent, or any other person or organization that was paid, does not promptly refund the full amount, the Claims Administrator may reduce the amount of any future benefits that are payable under this Plan.

### DISCLOSURE AUTHORIZATION

If you file a claim for benefits, it will be necessary that you authorize any health care Provider, insurance Claims Administrator, or other entity to furnish the Claims Administrator all information and records or copies of records relating to the diagnosis, treatment, or care of any individual included under your coverage. If you file claims for benefits, you and your dependents will be considered to have waived all requirements forbidding the disclosure of this information and records.

## TERMINATION OF COVERAGE

### TERMINATION OF COVERAGE

The Claims Administrator for the Plan is not required to give you prior notice of termination of coverage. The Claims Administrator will not always know of the events causing termination until after the events have occurred.

#### *Termination of Individual Coverage*

Coverage under the Plan for you and/or your dependents will automatically terminate when:

- You terminate employment with Atmos;
- Your contribution for coverage under the Plan is not received timely by the Plan Administrator;
- You elect to discontinue coverage; or
- A dependent ceases to be a dependent as defined in the Plan.

The Plan Administrator may refuse to renew the coverage of an eligible employee or dependent for fraud or intentional misrepresentation of a material fact by that individual.

Coverage for a child of any age who is medically certified as *disabled* and dependent on the parent will not terminate upon reaching the limiting age if the child continues to be both:

- *Disabled*; and
- Dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of 1986, as amended.

*Disabled* means any medically determinable physical or mental condition that prevents the child from engaging in self-sustaining employment. The disability must begin while the child is covered under the Plan and before the child attains the limiting age. You must submit satisfactory proof of the disability and dependency through your Plan Administrator to the Claims Administrator within 31 days

following the child's attainment of the limiting age. As a condition to the continued coverage of a child as a disabled dependent beyond the limiting age, the Claims Administrator may require periodic certification of the child's physical or mental condition but not more frequently than annually after the two-year period following the child's attainment of the limiting age. See also the description of eligible dependents in the subsection entitled "**ELIGIBILITY FOR DEPENDENTS**" in the "**ELIGIBILITY AND PARTICIPATION**" Section of the Benefit Booklet.

#### *Termination of the Group*

The coverage of all Participants will terminate if the group is terminated in accordance with the terms of the Plan. However, see the subsection entitled "**CONTINUATION OF HEALTH COVERAGE UNDER COBRA**" in this "**TERMINATION OF COVERAGE**" Section of the Benefit Booklet.

## COVERAGE CONTINUATION DURING ACTIVE DUTY IN THE UNIFORMED SERVICES

A "USERRA Leave" is a leave of absence taken by an employee for a call to military duty that is protected by the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended ("USERRA"). Unless otherwise provided by Atmos' Military Leave of Absence Policy, the following rules apply under USERRA:

If you return from a USERRA Leave, you may reenter the Plan immediately upon return, and you shall receive the same benefits as existed before your USERRA Leave, subject to any changes that effected the work force as a whole, immediately upon return. You and your dependents covered under the Plan may continue to be covered under this Plan during your USERRA Leave by paying the portion of