BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

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PENNSYLVANIA PUBLIC UTILITY COMMISSION v.

PEOPLES NATURAL GAS COMPANY LLC Docket No. R-2018-3006818

PREPARED REJOINDER TESTIMONY OF ANDREW P. WACHTER DIRECTOR OF FINANCE AND REGULATION PNG COMPANIES LLC

PUBLIC VERSION

DATE SERVED: June 17, 2019 DATE ADMITTED: _____ Peoples Statement No. 3-RJ

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1		I. <u>INTRODUCTION AND SUMMARY</u>
2	Q.	PLEASE STATE YOUR NAME AND BUSINESS ADDRESS.
3	A.	My name is Andrew P. Wachter, and my business address is 375 North Shore Drive,
4		Suite 600, Pittsburgh, PA 15212.
5		
6	Q.	BY WHOM ARE YOU EMPLOYED AND IN WHAT CAPACITY?
7	A.	I am the Director, Finance and Regulation for PNG Companies LLC ("PNG"). I provide
8		services to Peoples Natural Gas Company LLC ("Peoples" or the "Company"). As
9		Director, Finance and Regulation, I oversee the Rates and Regulatory group among other
10		financial responsibilities at Peoples and its affiliates. My business address is 375 North
11		Shore Drive, Pittsburgh, Pennsylvania 15212.
12		
13	Q.	HAVE YOU PREVIOUSLY SUBMITTED DIRECT AND REBUTTAL
14		TESTIMONY IN THIS PROCEEDING?
15	A.	Yes. My direct testimony is set forth in Peoples Statement No. 3, and my rebuttal
16		testimony is set forth in Peoples Statement No. 3-R.
17		
18	Q.	WHAT IS THE PURPOSE OF YOUR REJOINDER TESTIMONY?
19	A.	I am presenting testimony in response to certain expense positions and recommendations
20		contained in the surrebuttal testimony submitted by Dante Mugrace on behalf of the
21		Office of Consumer Advocate ("OCA"), by Christopher Keller and Brenton Grab on
22		behalf of the Pennsylvania Public Utility Commission's ("Commission") Bureau of

1		Investigation and Enforcement ("I&E"), and by C. James Davis on behalf of Duquesne
2		Light Company ("Duquesne")
3		
4	Q.	ARE YOU SPONSORING ANY EXHIBITS?
5	A.	Yes. I am also sponsoring three additional exhibits (Exhibit Nos. APW-RJ-1 through
6		APW-RJ-3).
7		
8	Q.	HOW HAVE YOU ARRANGED YOUR REJOINDER TESTIMONY?
9	A.	I have arranged my rejoinder testimony by subject matter. Where more than one witness
10		has addressed the same subject matter with testimony that I wish to rebut, I address all of
11		that testimony in the same section. I will address the following issues in the order listed.
12		• End of year plant balance and annualization adjustments
13		Incentive Compensation
14		Medical Expenses
15		• Inflation Adjustments
16		Corporate Insurance
17		Employee Expenses
18		Company Memberships
19		Advertising Expenses
20		• Other O&M
21		Rate Case Expense
22		Payment Processing Expenses
23		

1 II. RESPONS	E TO OTHER	R PARTIES .	ADJUSTMENTS
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- 2 A. <u>END OF YEAR PLANT BALANCE AND ANNUALIZATION</u> 3 ADJUSTMENTS
- **O**. HIS SURREBUTTAL TESTIMONY, OCA WITNESS **MUGRACE** 4 IN CONTINUES TO PROPOSE THE USE OF AN AVERAGE PLANT IN SERVICE 5 BALANCE FOR THE FULLY PROJECTED FUTURE TEST YEAR ("FPFTY") 6 AS OPPOSED TO AN END OF YEAR BALANCE. (OCA St. No. 1-SR, pp. 2-6.) 7 HAS YOUR OPPOSITION TO MR. MUGRACE'S PROPOSAL CHANGED? 8
- 9 A. No. Nothing in Mr. Mugrace's surrebuttal testimony has changed my position. The end
 10 of year rate base continues to be the appropriate FPFTY rate base balance, as explained in
 11 my rebuttal testimony.
- 12
- 13 **B.** <u>LABOR</u>

Q. OCA WITNESS MUGRACE CONTENDS THAT 50% OF SPOT AWARDS
SHOULD BE INCLUDED IN THE COMPANY'S LABOR EXPENSE BECAUSE
THE COMPANY DID NOT IDENTIFY THE EMPLOYEES WHO RECEIVED
SPOT AWARDS IN THE PAST. (OCA St. No. 1-SR, pp. 10-11.) WOULD YOU
PLEASE RESPOND?

A. Mr. Mugrace's argument should be disregarded. Identifying the past recipients of spot awards is completely irrelevant to the prudency of the Company's claim of spot awards for the FPFTY. As explained in my rebuttal testimony, the Spot Award program provides financial recognition for outstanding individual and/or small team performance as part of Peoples' recognition programs. The Spot Awards are based on achievement of outstanding performance, which is determined based a series of factors. Therefore, the

individuals and small teams must meet those criteria in the future to receive spot awards.
In other words, the future recipients of the spot awards will be determined on whether
they meet those criteria, not on whether they received spot awards in the past. Thus, Mr.
Mugrace's reasoning for opposing the spot awards claim is fundamentally flawed.

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C. <u>INCENTIVE COMPENSATION</u>

7 Q. IN HIS SURREBUTTAL TESTIMONY, MR. MUGRACE CONTINUES TO
8 ADVOCATE FOR DISALLOWING THE COMPANY'S EXPENSE CLAIM
9 RELATED TO ITS ANNUAL PERFORMANCE INCENTIVE PLAN ("APIP").
10 (OCA St. No. 1-SR, pp. 11-12.) HAS YOU POSITION CHANGED BASED ON
11 MR. MUGRACE'S SURREBUTTAL TESTIMONY?

No. As explained in my rebuttal testimony, I maintain that the Company's incentive 12 A. compensation is commonplace and necessary to retain employees. It also incents those 13 employees to be good financial stewards for the Company, which benefits Peoples' 14 ratepayers. Moreover, by incenting the employees to stay within their O&M budgets, 15 16 APIP improves operational efficiency. Thus, the Company's incentive compensation is a 17 reasonable, market-based approach to incentive compensation that directly benefits customers, and Mr. Mugrace's adjustment should be rejected accordingly. I also disagree 18 19 with Mr. Mugrace's assumption that if costs are not recovered through base rates that shareholders will simply pay for those costs. These costs are valid and prudent and 20 should be recovered through base rates. 21

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D. MEDICAL EXPENSES

Q. OCA WITNESS MUGRACE REITERATES HIS PROPOSAL TO ELIMINATE THE COMPANY'S PROPOSED 6% INCREASE IN MEDICAL COSTS FOR THE FPFTY. (OCA St. No. 1-SR, pp. 13-14.) WOULD YOU PLEASE RESPOND? A. In his surrebuttal testimony, Mr. Mugrace avers that the 6% increase is not warranted because the PwC study "is predicated upon what medical costs will be over the entire industry" and "is not specific to the Company." (OCA St. No. 1-SR, p. 14.)

8 Contrary to Mr. Mugrace's argument, it is valuable to look at external sources, 9 including third-party studies from esteemed entities such as PwC and AON, when 10 evaluating what the Company's future expenses will be. Moreover, Mr. Mugrace offers 11 nothing to explain why the Company will be an outlier from this trend in medical 12 expenses. Therefore, as explained in more detail in my rebuttal testimony, Peoples' 13 proposed 6% increase in medical costs for the FPFTY is justified.

14

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E. <u>INFLATION ADJUSTMENTS</u>

16Q.OCA WITNESS MUGRACE ALSO MAINTAINS THAT ALL INFLATION17ADJUSTMENTS SHOULD BE ELIMINATED BECAUSE, ACCORDING TO18HIM, "THE COMPANY HAS NOT PROVIDED ANY EVIDENCE THAT ALL OF19ITS COSTS THAT IT APPLIED AN INFLATION FACTOR TO HAVE20ACTUALLY INCREASED." (OCA St. No. 1-SR, pp. 15-16.) DO YOU AGREE?

A. No. Mr. Mugrace is incorrect. In my rebuttal testimony, I included table explaining how I calculated the 2.6% increase in the costs to which the inflation adjustments were applied. (*See* Peoples Statement No. 3-R, p. 23.) Specifically, the table compared the costs incurred during the twelve months ended September 30, 2018 (the HTY) to the

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costs for the 12 months ended September 30, 2016. (*See* Peoples Statement No. 3-R, p. 23.) For ease of reference, I am reproducing that table below:

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4

2

	-	Fwelve Mo	nths	s Ended		
		9/30/18		9/30/16	'	18 v. '16
		(1)		(2)	(3)	= (1) - (2)
Total	\$	59,900,717	\$	56,951,487	\$	2,949,230
				% Change		5.18%
		Α	nnu	al Amount		2.59%

As seen in the table, costs increased by 5.18% over this period which results in an annual
amount of 2.59%. Thus, the table illustrates the reasonableness of using an inflation
adjustment of 2.11% on average during the FTY and FPFTY (refer to Exhibit No. 4, Sch.
1, p. 32). For these reasons, Mr. Mugrace's statement that I failed to provide actual
evidence of these costs increasing is completely unfounded.

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11

F. <u>CORPORATE INSURANCE</u>

Q. OCA WITNESS MUGRACE CONTINUES TO RECOMMEND THAT THE
COMPANY'S PROPOSED 7.10% PREMIUM INCREASE AND ITS COSTS
RELATED TO NON-OWNED AIRCRAFT LIABILITY INSURANCE SHOULD
BE REMOVED. (OCA St. No. 1-SR, pp. 16-17.) HAS YOUR POSITION
CHANGED BASED ON MR. MUGRACE'S SURREBUTTAL?

A. No. As explained in my rebuttal testimony, the Company's proposed 7.1% premium
increase and its costs related to Non-Owned Aircraft Liability Insurance are reasonable
and should be accepted. First, I explained that the 7.1% utilized to develop the insurance
expense claim represents the total premium increase experienced from the 2018 insurance
invoice as compared to the 2017 insurance invoice. (Peoples St. No. 3-R, p. 24.) Mr.

1 Mugrace attempts to criticize the use of historical data for this expense by noting that I did not use historical experience as the sole basis for establishing other expense claims. 2 (OCA St. No. 1-SR, p. 17.) However, Mr. Mugrace appears to be referencing the 3 Company's proposed 6% medical trend. As I stated in my rebuttal testimony, "Due to 4 the natural of medical costs, historical experience is not necessarily the best predictor of 5 future costs." (Peoples St. No. 3-R, p. 21.) Conversely, Mr. Mugrace never explains 6 why he criticizes the Company for using historical data for its insurance expense claim, 7 but then argues Peoples should rely on historical data for its medical expense claim. 8 9 Furthermore, Mr. Mugrace omits that the Company used the most recent premium invoices received in September of 2018 for the period of October 2018 to September 10 2019 and estimates for those invoices not yet received at the time of preparing the case as 11 12 noted on Exhibit No. 19, Schedule RR-22. (Peoples St. No. 3-R, p. 25.) This differs from the more historical approach advocated by I&E witness Keller, who recommended 13 that the Company use a three-year average to calculate insurance expense. (I&E St. No. 14 1, p. 19.) 15

Second, the costs related to Non-owned Aircraft Liability Insurance should not be removed because such costs are prudent and reasonable costs to protect the Company and ultimately the customers from risk. Employees utilize aircraft to travel exclusively for business purposes, such as traveling to training seminars and trade functions. Thus, these costs are prudent because they cover the risks associated with employees taking these flights on behalf of Peoples.

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1 **Q**. **I&E WITNESS KELLER MAINTAINS THAT THE COMPANY'S CORPORATE INSURANCE EXPENSE CLAIM SHOULD BE REDUCED BY \$375,086** 2 BECAUSE **"THE** COMPANY FAILED TO PROVIDE 3 SUPPORTING DOCUMENTATION FOR THE 7.1% INCREASE." (I&E St. No. 1-SR, pp. 17-19.) 4 WOULD YOU PLEASE RESPOND? 5

I continue to disagree with Mr. Keller's recommendation for the reasons stated in my 6 A. rebuttal testimony. In the Company's original filing, the premiums by coverage type 7 were provided in Exhibit No. 19, Schedule RR-22. Moreover, included with Peoples 8 9 Exhibit No. APW-RJ-1 are copies of the invoices for the Company's corporate insurance as well as a table summarizing the differences in the amounts shown on Peoples Exhibit 10 No. 19, RR-22 and on the invoices. These invoices were not previously provided to the 11 12 parties due to an inadvertent error. Therefore, Peoples has now provided the documentation that Mr. Keller believes was lacking to justify the Company's corporate 13 14 insurance expense claim.

Further, a table summarizing the differences between the invoices and Peoples Exhibit No. 19, RR-22 is included in Peoples Exhibit No. APW-RJ-1. As seen in that table, the invoices totaled \$6,127,530 for 2018-2019, whereas the amounts shown on Exhibit No. 19, RR-2 totaled \$6,145,741 for that same period, *i.e.*, a difference of only \$18,211. For these reasons, Mr. Keller's recommendation should be rejected.

- 20
- 21 G. <u>EMPLOYEE EXPENSES</u>

22 Q. OCA WITNESS MUGRACE CONTINUES TO ARGUE THAT THE 23 COMPANY'S EXPENSES RELATED TO ITS EMPLOYEE RECOGNITION

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1		PROGRAMS (\$91,060), UNION SERVICE AWARDS (\$32,926), EMPLOYEE
2		EVENTS (\$257,275), EMPLOYEE ENTERTAINMENT (\$992,804), AND TRAVEL
3		EXPENSES (\$431,674) SHOULD BE REMOVED. (OCA St. No. 1-SR, pp. 17-20.)
4		WOULD YOU PLEASE RESPOND?
5	A.	Nothing in Mr. Mugrace's surrebuttal testimony has changed my position. Therefore, as
6		explained in my rebuttal testimony, I continue to disagree with Mr. Mugrace's
7		recommendations and believe that these expenses are prudent and should be recovered.
8		
9	Q.	I&E WITNESS KELLER AND DUQUESNE WITNESS DAVIS ALSO HAVE
10		CONTESTED THE COMPANY'S EMPLOYEE ENTERTAINMENT EXPENSES.
11		(I&E St. No. 1-SR, pp. 20-22; Duquesne Light St. No. 1-SR, pp. 10-12.) WOULD
12		YOU PLEASE RESPOND?
13	A.	As I explained in my rebuttal testimony, these costs are an integral part of the Company's
14		employee recognition and engagement program. Nothing in Mr. Keller's or Mr. Davis's
15		surrebuttal testimony has changed my position. Thus, these expenses are prudent and
16		should be recovered.
17		
18		H. <u>COMPANY MEMBERSHIPS</u>
19	Q.	IN HIS SURREBUTTAL TESTIMONY, OCA WITNESS MUGRACE
20		MAINTAINS HIS PROPOSED DISALLOWANCE OF \$352,442 OF EXPENSES
21		RELATED TO THE COMPANY'S CORPORATE MEMBERSHIPS. (OCA St.
22		No. 1-SR, p. 20.) WOULD YOU PLEASE RESPOND?

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1 A. Nothing in Mr. Mugrace's surrebuttal testimony has changed my position. Mr. Mugrace continues to mischaracterize these memberships as merely social organizations, whose 2 dues would not meet the standard of recoverability under 66 Pa. C.S. § 1316.1. However, 3 as explained in my rebuttal testimony, these various organizations to which the Company 4 belongs provide tangible benefits to customers in the community by promoting economic 5 6 development, improving the workforce talent pool, helping solve regional problems, and improving the quality of life in Western Pennsylvania. (Peoples St. No. 3-R, pp. 30-31.) 7 Thus, the Company's corporate membership expenses are prudent and should be 8 9 recovered.

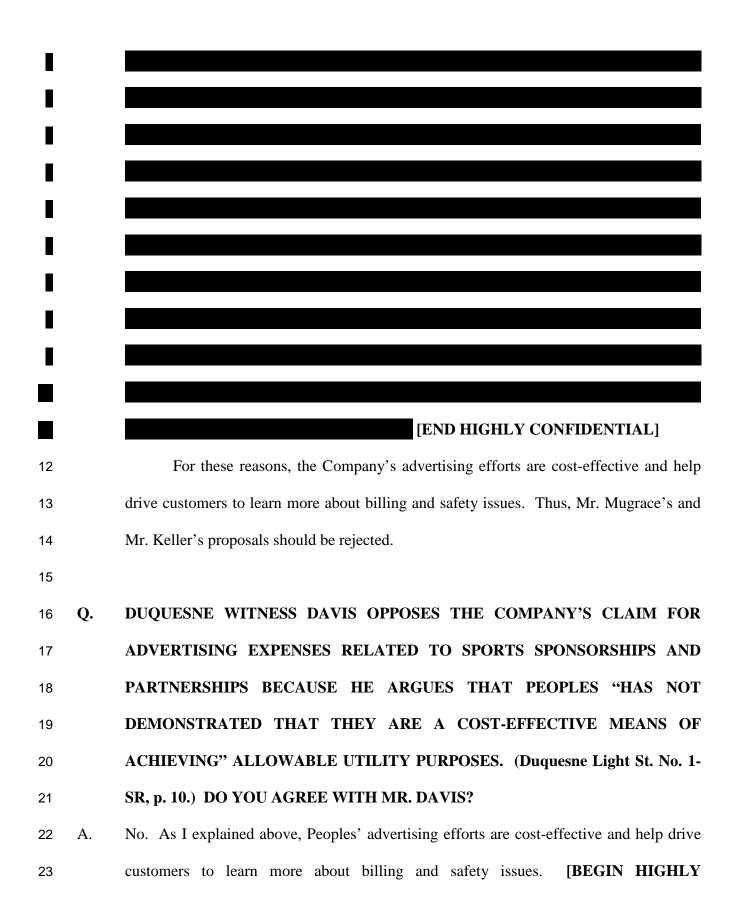
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I. ADVERTISING EXPENSES

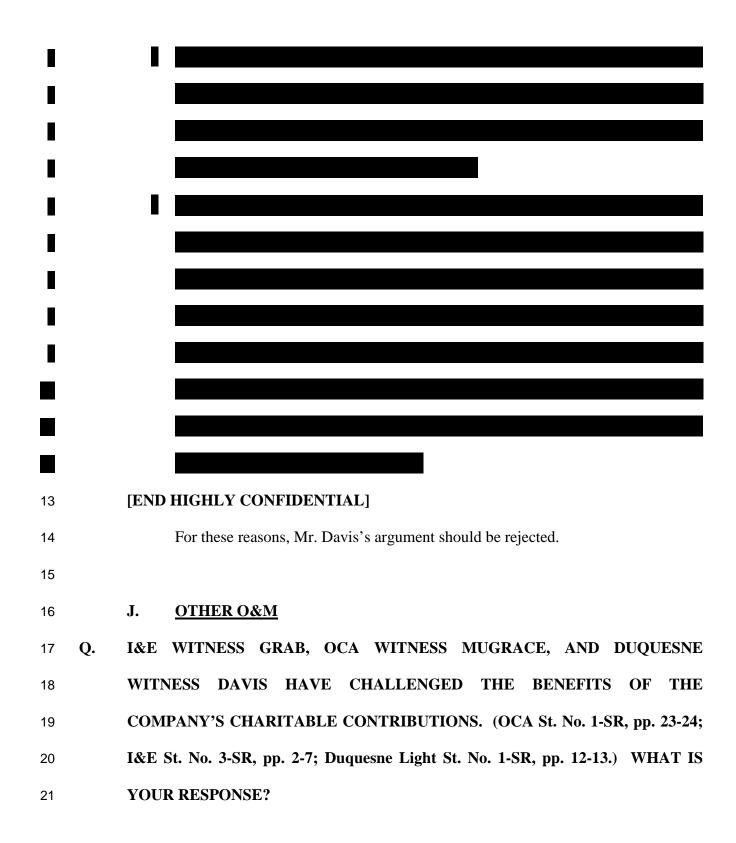
Q. BOTH OCA WITNESS MUGRACE AND I&E WITNESS KELLER CONTINUE TO ADVOCATE FOR REDUCTIONS TO THE COMPANY'S CLAIMED ADVERTISING EXPENSES RELATED TO SPORTS SPONSORSHIPS AND PARTNERSHIPS. (OCA St. No. 1-SR, pp. 21-22; I&E St. No. 1-SR, pp. 22-27.) DO YOU AGREE?

No. As I explained in my rebuttal testimony, Mr. Mugrace's and Mr. Keller's proposals 17 A. should be rejected. (Peoples St. No. 3-R, pp. 31-38.) Mr. Mugrace claims that the 18 effectiveness of the company's safety messaging is difficult to ascertain, so he believes 19 50% inclusion of these expenses is a "reasonable approach." (OCA St. No. 1-SR, pp. 21-20 Further, Mr. Keller generally contends that his proposed reduction should be 21 22.) adopted because the "advertising is not directly targeted to Peoples ratepayers" and "not 22 23 all attendees at sporting events are Peoples ratepayers." (I&E St. No. 1-SR, p. 24.)

1	Neither Mr. Mugrace nor Mr. Keller references the information that the Company
2	provided in response to interrogatories of Duquesne on May 30, 2019, i.e., after my
3	rebuttal testimony was served on May 28, 2019. Attached hereto as Peoples Exhibit No.
4	APW-RJ-2 (HIGHLY CONFIDENTIAL) are copies of those HIGHLY
5	CONFIDENTIAL responses. As stated therein, [BEGIN HIGHLY CONFIDENTIAL]
6	
7	



1	CONFIDENTIAL]
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Peoples Statement No. 3-RJ

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1	A.	The Company's charitable contributions provide many benefits to the customers in
2		Peoples' region. The below list summarizes the benefits received from some of the major
3		charitable contributions provided during the HTY.
4		• Allegheny County Parks Foundation (environmental category) – This foundation
5		helps improves quality of life, encourages healthy living and the environment for
6		residents in Allegheny County, Pennsylvania.
7		• American Heart Association (human services category) – Great Rivers Affiliate –
8		Helps to improve the heart health of area residents and decrease deaths resulting
9		from cardiovascular diseases and strokes.
10		• American Middle East Institute (economic development category) – Focuses on
11		building economical, educational, and cultural ties between people in our region
12		and the Middle East.
13		• Boys and Girls Club of America (youth category) – Improve the life of children in
14		our region through the development of self-esteem, courage, and positive values.
15		Provides tutoring services, technical training, arts, and other recreational
16		opportunities.
17		• Children's Hospital Pittsburgh Foundation (youth category) – Improves the health
18		and well-being of children, teenagers and young adults in the Pittsburgh region.
19		• Dollar Energy Fund (human services category) – Improves quality of life for
20		people experiencing difficulties with affording utility services and provides
21		services that lead to self-sufficiency.
22		• Holy Family Foundation (youth category)– Helps the schools and neighborhoods
23		with the greatest needs by offering alternative learning and career training

environments and mental health and substance abuse counseling. Gives support
for families in difficult financial situations and the resources needed to help them
thrive.

- Leukemia and Lymphoma Society (human services category) Invests in
 research to cure cancer and saves lives. Advocates for cancer patients at the state
 and federal level.
- United Way of Southwestern PA (human services category) Helps solve the
 difficult community issues and improve the health, education, financial stability
 and basic needs of everyone in the community.
- Urban League of Pittsburgh (human services category) Serves minorities as the
 largest comprehensive social service/civil rights organization in Southwestern
 Pennsylvania. Offers counseling, education, and other programs to assist people
 in attaining economic empowerment and self-reliance.
- Contributions to these organizations represent a significant portion of the charitable contributions claimed in this case. For these reasons, and as explained in my rebuttal testimony, these expenses are prudent and should be recovered.
- 17
- 18 K. <u>RATE CASE EXPENSE</u>

Q. BOTH OCA AND I&E REITERATE THEIR PROPOSED ADJUSTMENTS TO THE COMPANY'S RATE CASE EXPENSE CLAIM. (OCA St. No. 1-SR, pp. 25 26; I&E St. No. 1-SR, pp. 4-13.) HAS YOUR POSITION CHANGED AFTER REVIEWING THEIR SURREBUTTAL TESTIMONY ON THIS TOPIC?

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1 A. No. As explained in my rebuttal testimony, I continue to disagree with their proposed adjustments to the Company's rate case expense claim. (Peoples St. No. 3-R, pp. 41-45.) 2 The Company's proposed two-year amortization is appropriate because it projects two 3 years to be the approximate length of time between the filing of this proceeding and the 4 5 filing of Peoples' next base rate proceeding given the Company's LTIIP commitments for infrastructure replacement. (Peoples St. No. 3-R, p. 43.) Although Mr. Keller continues 6 to focus on what occurred in other utilities' cases (I&E St. No. 1-SR, pp. 9-13), the 7 information I provided in my rebuttal testimony about the circumstances unique to 8 9 Peoples supports the argument that a two-year amortization is appropriate.

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L. <u>PAYMENT PROCESSING EXPENSES</u>

Q. I&E WITNESS KELLER MAINTAINS HIS PROPOSAL TO REDUCE THE COMPANY'S PAYMENT PROCESSING EXPENSE CLAIM BY \$944,749 AND ALLEGES THAT DUQUESNE BASED ITS PAYMENT PROCESSING EXPENSE CLAIM ON DISCUSSIONS WITH ITS VENDOR, NOT THE AITE GROUP PAPER. (I&E St. No. 1, pp. 27-30.) WOULD YOU PLEASE RESPOND?

A. As I explained in my rebuttal testimony, Mr. Keller's proposal should be denied.
Moreover, his statement that Duquesne's claim was not based on the AITE Group paper
is incorrect. Attached hereto as Peoples Exhibit No. APW-RJ-3 are selected pages from
the direct testimony of Katherine Scholl in Duquesne Light's 2018 base rate case.
Therein, she repeatedly relies upon the AITE Group paper for support of Duquesne's
payment processing expense claim. (*See* Peoples Exhibit No. APW-RJ-3.) Therefore,
Mr. Keller's testimony on this point should be rejected entirely.

1

2 III. <u>CONCLUSION</u>

3 Q. DOES THIS CONCLUDE YOUR REBUTTAL TESTIMONY AT THIS TIME?

- 4 A. Yes. I reserve the right to supplement my testimony as additional issues arise during the
- 5 course of this proceeding. Thank you.

Type of coverage 2017-2018	Invoice #'s	\$ on 19, RR-22	\$ o	n Actual Invoices	D	ifference	Comments
D & O	1,2	\$ 219,848	\$	219,848	\$	-	
Exec Risk, Crime & Fid	3	\$ 103,154	\$	103,154	\$	-	
Non-owned Aircraft	4	\$ 10,000	\$	10,000	\$	-	
Ex Liab	5,6,7,8,9	\$ 3,747,603	\$	3,747,603	\$	-	
Prop	5	\$ 291,229	\$	291,229	\$	-	
Auto / Gen Comm Liab	12,13,14,15,16	\$ 381,737	\$	381,737	\$	-	
Cyber Liab	10	\$ 497,263	\$	497,263	\$	-	
Workers Comp	17,18	\$ 484,941	\$	484,941	\$	-	
Railroad	11	\$ 4,289	\$	4,289	\$	-	new policy in June 2018
Totals		\$ 5,740,064	\$	5,740,064	\$	-	
		% Difference		0.000%			

Type of coverage 2018-2019		\$ on 19, RR-22	\$ on Actual Invoices	D	Difference	Comments
D & O	19,20	\$ 219,989	\$ 219,989	\$	-	
Exec Risk, Crime & Fid	21	\$ 103,848	\$ 104,367	\$	(519)	Original was an estimate
Non-owned Aircraft	22	\$ 10,000	\$ 10,000	\$	-	
Ex Liab	22,23,24,25,26	\$ 4,046,880	\$ 4,031,274	\$	15,606	Original was an estimate
Prop	22	\$ 316,278	\$ 314,403	\$	1,875	Original was an estimate
Auto / Gen Comm Liab	27,28,29,30,31	\$ 400,179	\$ 400,179	\$	-	
Cyber Liab	32	\$ 497,263	\$ 496,014	\$	1,249	Original was an estimate
Workers Comp	33,34	\$ 547,015	\$ 547,015	\$	-	
Railroad	11	\$ 4,289	\$ 4,289	\$	-	new policy in June 2018
Total		\$ 6,145,741	\$ 6,127,530	\$	18,211	
		% Difference	0.297%			

Exhibit No. 19, RR-22 Page 1 of 1 Respondent: Andrew Wachter

Peoples Natural Gas Company LLC Standard Data Request Revenue Requirements

RR 22. Please provide the most recent insurance premiums for each type of insurance coverage (i.e., employee benefit and those purchased by the Company) reflected in the Company's filing. If available, please provide estimated premiums for the subsequent calendar year.

* * * * * * * * * * * * * *

			P	eoples Division	E	guitable Division		Combined
		Total		Share of		Share of		Share of
Type of Coverage		Premiums	Т	otal Premiums	1	fotal Premiums	1	Total Premiums
Diractors & Officers Liability	\$	219,848	\$	102,801	\$	77,606	\$	180,407
Executives Risk, Crime & Fiduciary Insurance	\$	103,154	5	48,235	5	36,413	\$	84,648
Non-owned Aircraft Liability Insurance	\$	10,000	s	4,676	\$	3,530	\$	8,206
Excess Liability Insurance	\$	3,747,603	\$	1,741,755	\$	1,314,884	\$	3,056,639
Property Insurance	\$	291,229	\$	136,179	\$	102,804	\$	238,982
Automotive Insurance	\$	298,566	\$	167,645	\$	67,088	\$	234,733
General Commercial Liability Insurance	\$	83,171	\$	46,701	\$	18,689	\$	65,389
Cyber Security Liability Insurance	\$	497,263	\$	244,255	\$	178,517	s	422,773
Workers' Compensation Insurance	\$	484,941	s	327,190	\$	77,542	\$	404,732
Railroad Protective Liability	\$	4,289	\$	4,289	\$	-	\$	4,289
Total Premiums	Ś	5,740,064	s	2.823,725	\$	1,877,073	ŝ	4,700,798

Note: Policy Period Is 9/30/2017 - 9/30/2018 except for Cyber Security Liability - 1/02/2018 - 1/02/2019 and Railroad Protective Liability - 6/26/2018 - 9/30/2019.

Estimated Premiums 2018 - 2019

		Τ	Peoples Division	E	quitable Division		Combined
	Total		Share of		Share of		Share of
Type of Coverage	Premiums		Total Premiums		Total Premiums	1	fotal Premiums
Directors & Officers Liability	\$ 219,989	S	91,273	\$	67,097	\$	158,370
Executives Risk, Crime & Fiduciary Insurance	\$ 103,848	\$	43,086	\$	31,674	\$	74,760
Non-owned Aircraft Liability Insurance	\$ 10,000	\$	4,149	\$	3,050	\$	7,199
Excess Liability Insurance	\$ 4,046,880	\$	1,679,050	s	1,234,299	\$	2,913,349
Property Insurance	\$ 316,278	\$	131,224	\$	96,465	\$	227,689
Automotive Insurance	\$ 301,561	\$	174,031	\$	68,243	s	242,274
General Commercial Liability Insurance	\$ 98,618	s	56,913	5	22,317	\$	79,230
Cyber Security Liability Insurance	\$ 497,263	\$	244,256	\$	178,517	\$	422,773
Workers' Compensation Insurance	\$ 547,015	\$	298,397	\$	177,506	s	475,903
Railroad Protective Liability	\$ 4,289	\$	4,289	\$	~	\$	4,289
Total Premiums	\$ 6,145,741	\$	2,726,668	\$	1,879,168	\$	4,605,836

Note: Policy Period is 9/30/2018 - 9/30/2019 except for Cyber Security Liability - 1/02/2018 - 1/02/2019;

Non-owned Aircraft Liability Insurance - 03/09/2018 - 03/09/2021 and Railroad Protective Liability - 6/26/2018 - 9/30/2019.

Peoples Exhibit No. APW-RJ-1 INS. OFFICERS Approver : Preston Polja KPage 3 of 40 G/L 5306010 McGRIFF, SEIBELS & WILLIAMS, INC. INVOICE **INSURANCE BROKERS** INVOICE DATE **INVOICE NUMBER** One Premier Plaza, Suite 500 5605 Glenridge Drive, Atlanta, GA 30342 Tel (404) 497-7500 Fax (404) 497-7565 10/02/17 235974 ASSURED NUMBER AGENT 12 064180-888 Peterson, Alan **EFFECTIVE DATE** AMOUNT ENCLOSED LDC Funding LLC 9/30/17 375 Northshore Drive #600 Pittsburgh, PA 15212 PLEASE NOTE PREMIUMS ARE DUE AND PAYABLE BY **EFFECTIVE DATE** ALL OTHER CORRESPONDENCE TO: McGriff, Seibels & Williams, Inc. One Premier Pisza, Sulte 500 S605 Glenridge Drive, Alfenta, GA 30342 DETACH AND RETURN WITH REMITTANCE TO: MCGRIFF, BEIBELS & WILLIAMS, INC., DRAWER #456 P.O. BOX 11407, BIRMINGHAM, AL 35246-0001 Company- XL SPECIALTY INSURANCE CO. (\$10MM) Policy Number- ELU15208717 Policy Term- 9/30/17 TO 9/30/18 Coverage - Directors & Officers Liability Renewal Policy PREMIUM 102,500.00 (10X10) Company- FEDERAL INSURANCE COMPANY Policy Number- 82259387 Policy Term- 9/30/17 TO 9/30/18 Coverage - Excess Directors & Officers Renewal Policy 64,795.00 PREMIUM (5X20) Company- NAT'L UNION FIRE INS CO/PA Policy Number- 019883593 Policy Term- 9/30/17 TO 9/30/18 Coverage - Excess Directors & Officers Renewal Policy PREMIUM 27,720.00 Directors & Officers Liability Dates: September 30, 2017 to September 30, 2018 **INVOICE DATE INVOICE NUMBER** AMOUNT 10/02/17 235974 \$195,015.00 DUE DRAWER #466 McGRIFF, SEIBELS & WILLIAMS, INC. Thank You! P.O. BOX 11407

BIRMINGHAM, AL 35246-0001

(404) 497-7500

Peoples Exhibit No. APW-RJ-1 INS. OFFICERS pprover: Papers # 40 G/L 5306010 McGRIFF, SEIBELS & WILLIAMS, INC. INVOICE **INSURANCE BROKERS** INVOICE DATE **INVOICE NUMBER** One Premier Plaza, Suite 500 5605 Glenridge Drive, Atlanta, GA 30342 10/02/17 235975 Tel (404) 497-7500 Fax (404) 497-7565 ASSURED NUMBER AGENT 12 064180-888 Peterson, Alan **EFFECTIVE DATE** AMOUNT ENCLOSED LDC Funding LLC 9/30/17 375 Northshore Drive #600 Pittsburgh, PA 15212 **PLEASE NOTE** PREMIUMS ARE DUE AND PAYABLE BY **EFFECTIVE DATE** ALL OTHER CORRESPONDENCE TD: McGriff, Seibels & Williams, Inc. One Promier Plaza, Suite 500 5605 Genridge Drive, Atlants, GA 30342 MCGRIFF, SEIBELS & WILLIAMS, INC., DRAWER #456 P.O. BOX 11407, BIRMINGHAM, AL 35246-0001 DETACH AND RETURN WITH REMITTANCE TO: (5X25) Company- ACE AMERICAN INSURANCE CO. Policy Number- G25536189007 Policy Term- 9/30/17 TO 9/30/18 Coverage- Independent Director Liability Renewal Policy PREMIUM 13,008.00 Policy Number- G2553623A007 (5X25) Company- ACE AMERICAN INSURANCE CO. Policy Term- 9/30/17 TO 9/30/18 Coverage - Independent Director Liability Renewal Policy 11,825.00 PREMIUM Independent Directorship Liability Rneewal for: LDC Holdings LLC / LDC Holdings II LLC Dates: September 30, 2017 to September 30, 2018 INVOICE DATE **INVOICE NUMBER** AMOUNT 10/02/17 235975 \$24,833.00 DUE

McGRIFF, SEIBELS & WILLIAMS, INC.

DRAWER #456 P.O. BOX 11407 EIRMINGHAM, AL 35248-0001 (404) 497-7500 Thank you!

IN	IS. OFF.	ICERS	Af	Peoples Exhi pprover Prestor	bit No. APW-RJ-1
G/	1 5306	60/0			
MSW McGRIFF, SEIBEI	LS & WILLIA ICE BROKERS	MS, INC.			
One Premi 5605 Glenridge I	er Plaza, Suite 500 Drive, Atlanta, GA 30	342		10/02/17	235976
Tel (404) 497-75	00 Fax (404) 497-75	565		ASSURED NUMBER	AGENT
				12 064180-888	Peterson, Alan
				EFFECTIVE DATE	AMOUNT ENCLOSED
LDC Funding LLC				9/30/17	
375 Northshore Driv Pittsburgh, PA 1523					
Pictaburgi, PA 152	* *			PREMIUMS ARE DU	E NOTE IE AND PAYABLE BY VE DATE
	F, SEIBELS & WILLIAMS, II (11407, BIRMINGHAM, AL			RESPONDENCE TO: McGriff, Selbo One Premier 5505 Gienridg Atlanta, GA 3	Plaza, Sulte 500
Policy Number- 82242373 Policy Term- 9/30/17 TO Renewal Policy	(\$10MM) 9/30/18			INSURANCE COMPANY e Risk Package	
		PREMIUM			103,154.00
Dates: September 30,	2017 to Septe	ember 30, 20	T 0		
	E NUMBER 5976			AMOUNT	\$103,154.00

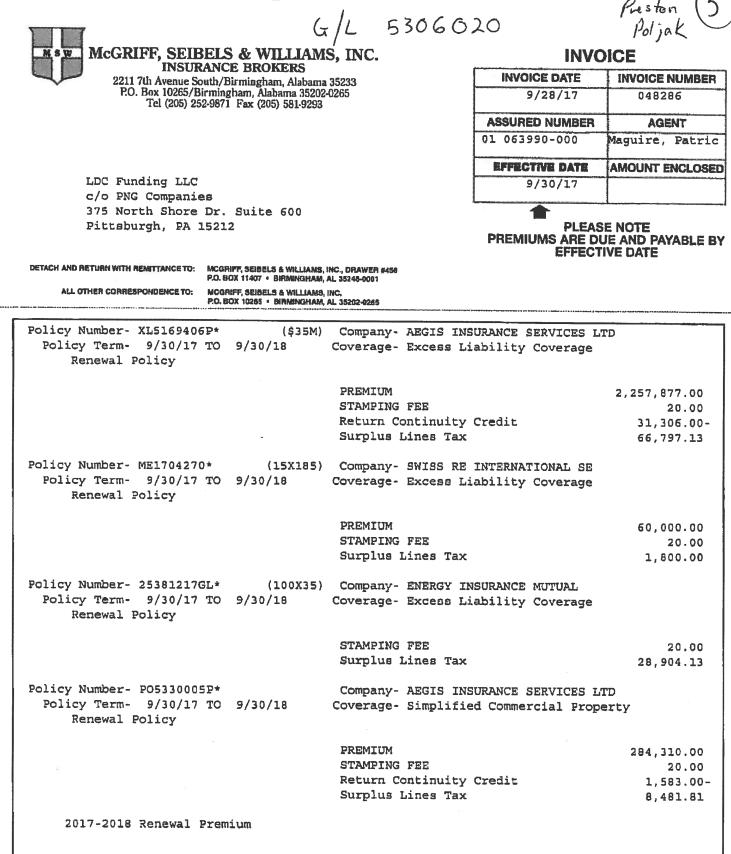
Peoples Exhibit No. APW-RJ-1 Approver = Prestopage 6 of 40 Poljak INS. OFFICERS G/L 5306010 McGRIFF, SEIBELS & WILLIAMS, INC. INVOICE **INSURANCE BROKERS INVOICE DATE** INVOICE NUMBER 2211 7th Avenue South/Birmingham, Alabama 35233 P.O. Box 10265/Birmingham, Alabama 35202-0265 Tel (205) 252-9871 Fax (205) 581-9293 9/05/17 045701 ASSURED NUMBER AGENT 01 063990-000 #aguire, Patric EFFECTIVE DATE AMOUNT ENCLOSED LDC Funding LLC 9/30/17 c/o PNG Companies 375 North Shore Dr. Suite 600 PLEASE NOTE Pittsburgh, PA 15212 PREMIUMS ARE DUE AND PAYABLE BY EFFECTIVE DATE MCGRIFF, SEIBELS & WILLIAMS, INC., DRAWER #455 P.O. BOX 11407 • BIRMINGHAM, AL 35246-0001 DETACH AND RETURN WITH REMITTANCE TO: MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. BOX 10265 • BIRMINGHAM, AL 35202-0265 ALL OTHER CORRESPONDENCE TO: Policy Number- 100023530901 Company- STARR INDEMNITY & LIABILITY CO Policy Term- 9/30/17 TO 9/30/18 Coverage- Non-owned Aircraft Coverage Renewal Policy PREMIUM 10,000.00 2017-2018 Non-Owned Aviation INVOICE NUMBER INVOICE DATE DRAWER #456 P.O. BOX 11407 BIRMINGHAM, AL 35246-0001 (205) 252-5871 AMOUNT 9/05/17 45701 \$10,000.00 DUE

McGRIFF, SEIBELS & WILLIAMS, INC.

Thank You!

Peoples Exhibit No. APW-RJ-1 INS. EXCESSLIAB

Prager of 40



INVOICE DATE INVOICE NUMBER DRAWER 4456 P.O. BOX 11407 AMOUNT 9/28/17 BIRMINGHAM, AL 35245-0001 48286 \$2,675,361.07 (205) 252-9871 DUE McGRIFF, SEIBELS & WILLIAMS, INC.

Thank You!

Peoples Exhibit No. APW-RJ-Page 8 of 40

INVOICE



3000 Bayport Drive Suite 550 Tampa, Florida 33607-8418 (813) 287-2117 - Fax: (813) 874-2523

-

MEMBER Insured

LDC Funding LLC 225 North Shore Drive Pittsburgh, PA 15212

INVOICE NUMBER	ISSUE DATE	DUE DATE
0000033881	09/27/17	09/30/17

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
09/30/17	09/30/18	253812-17GL	Annual Premium due September 30, 2017	\$ 963,471.00
			INS. EXICESSL	IAB
			G/L 530602	0
			INS. EXICESSL G/L 530602 Approver : Preston Poljak	•
				÷
				\$ 963,471.0 TOTAL DUE

1 011

RKH Specialty One Whittington Avenue London EC3V 1LE United Kingdom T +44 (0)20 7397 4400 F +44 (0)20 7397 4444 enquiry@rkhspecialty.com www.rkhspecialty.com



INS. EXCESSLIAB

Approur : Preston Poljak

G/L 5306020

LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

27 September 2017

Transaction No.: ME1701917 0001 PM Contact: Blair Knight

Debit Note

We refer to our Contract No. ME1701917 and set out below details of the premium calculations.

Insured	:	LDC Funding LLC
Period	:	From 30 September 2017 to 30 September 2018
Туре	:	Excess Liabilities
Layer	:	USD 50,000,000 excess USD 135,000,000
Details	:	Premium for 2017 - 2018 Period

TOTAL AMOUNT DUE

USD 225,000.00

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to our Principal, Howden UK Group Limited (HUG) on or before 16 October 2017.

When making remittance, please quote Transaction No. ME1701917 0001 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with RBS Citizens, N.A, 1 Citizens Drive, Riverside, Rhode Island 02915. Account details are as follows:-

Currency	Account Number	ABA Number	Swift Code
USD	1312648632	ABA-211-070-175 (ACH payments) ABA-011-500-120 (Wire payments)	CTZIUS33



RKH Specialty One Whittington Avenue London EC3V 1LE United Kingdom

T +44 (0)20 7397 4400 F +44 (0)20 7397 4444 enquiry@rkhspecialty.com www.rkhspecialty.com

RKH **Specialty**

Peoples Exhibit No. APW-RJ-1

Page 10 of 40

LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

19 December 2017

Transaction No.: ME1716287 0003 PM Contact: Blair Knight

Debit Note

We refer to our Contract No. ME1716287 and set out below details of the premium calculations.

Insured Period	:	LDC Funding LLC From 30 September 2017 to 30 September 2018
Type Layer Details	: : :	Excess Liabilities USD 50,000,000 excess USD 200,000,000 Original Premium for 2017 - 2018 Period
GROSS PREMIUM		USD 175,000.00

ORDER HEREON 50.00%	USD	87,500.00
TOTAL AMOUNT DUE	USD	87,500.00

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to RKH Specialty on or before 08 January 2018.

When making remittance, please quote Transaction No. ME1716287 0003 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with Citizens Bank N.A, 28 State Street, 13th Floor, MS1335, Boston, MA 02109. Account details are as follows:-

Account Name	Account Number	ABA Number	Swift Code
RKH Specialty Limited - NST Client Account	1338067726	ABA - 211-070-175 (ACH payments) ABA - 011-500-120 (Wire Transfers)	CTZIUS33

RKH Specialty One Whitington Avenue London EC3V 1LE United Kingdom T +44 (0)20 7397 4400 F +44 (0)20 7397 4444 enquiry@rkhspecialty.com www.rkhspecialty.com Peoples Exhibit No. APW-RJ-Page 11 of 40 RKH Specialty

LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

19 December 2017

TOTAL AMOUNT DUE

Transaction No.:ME1716091 0003 PMContact:Blair Knight

Debit Note

We refer to our Contract No. ME1716091 and set out below details of the premium calculations.

Insured Period Type Layer Details	: : :	Excess Liabilities	2017 to 30 September 2018 ess USD 200,000,000 2017 - 2018 Period	
GROSS PREMIUM		USD	175,000.00	
ORDER HEREON 50.00%		USD	87,500.00	

USD

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to RKH Specialty on or before 08 January 2018.

87,500.00

When making remittance, please quote Transaction No. ME1716091 0003 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with Citizens Bank N.A, 28 State Street, 13th Floor, MS1335, Boston, MA 02109. Account details are as follows:-

Account Name	Account Number	ABA Number	Swift Code
RKH Specialty Limited - NST Client Account	1338067726	ABA - 211-070-175 (ACH payments) ABA - 011-500-120 (Wire Transfers)	CTZIUS33

Peoples Exhibit No. APW-RJ-1 CP. J200. INS. CYBER App Page 12 of 40 Bill Roberts/ 6/1 5306020 Andrew blachter McGRIFF, SEIBELS & WILLIAMS, INC. INVOICE **INSURANCE BROKERS** INVOICE DATE **INVOICE NUMBER** One Premier Plaza, Suite 500 5605 Glenridge Drive, Atlanta, GA 30342 12/20/17 240114 Tel (404) 497-7500 Fax (404) 497-7565 ASSURED NUMBER AGENT 3-802 19-54 12 064180-800 Green, Mark EFFECTIVE DATE AMOUNT ENCLOSED LDC Funding LLC 1/02/18 375 Northshore Drive #600 Pittsburgh, PA 15212 **PLEASE NOTE** PREMIUMS ARE DUE AND PAYABLE BY **EFFECTIVE DATE** ALL OTHER CORRESPONDENCE TO: McGriff, Selbels & Willems, Inc. One Premier Plaza, Suite 500 5505 Genridge Drive, Atlanta, GA 30342 MCGRIFF, SEIBELS & WILLIAMS, INC., DRAWER #456 P.O. BOX 11407, BIRMINGHAM, AL 35246-0001 ETACH AND RETURN WITH REMITTANCE TO Policy Number- B0621PLDCF000118* 30M Company- LLOYD'S Policy Term- 1/02/18 TO 1/02/19 Coverage- Cyber Liability Renewal Policy PREMIUM 482,755.00 Tax 14,482.65 Surcharge 25.00 Critical Asset Protection Cyber Limit: \$30M Policy Effective: 1/2/2018 - 1/2/2019 RECEIVED JAN 02 2018 ACCTS PAYABLE **INVOICE DATE** INVOICE NUMBER AMOUNT 12/20/17 240114 \$497,262.65

McGRIFF, SEIBELS & WILLIAMS, INC.

P.O. BOX 11407 BIRMINGHAM, AL 35246-0001 (404) 497-7500

DRAWER #456

Thank You!

DUE

Peoples Exhibit No. APW-RJ-1

Page 13 of 40

McGRIFF, SEIBELS & WILLIAMS, INC. INSURANCE BROKERS

PAYMENT INSTRUCTIONS: DETACH AND RETURN WITH REMITTANCE TO:

Regular Malling Address: McGriff, Seibels & Williams, Inc. Lockbox Drawer 456 PO Box 11407 Birmingham, AL 35246-0456 Overnight Mailing Address: McGriff, Selbels & Williams, Inc. Lockbox Attention: Lockbox Dept, Drawer 456 2090 Parkway Office Circle Birmingham, AL 35244

LDC Funding LLC c/o PNG Companies 375 North Shore Dr. Suite 600 Pittsburgh, PA 15212

INVOICE

INVOICE DATE	INVOICE NUMBER
5/08/18	070219
ASSURED NUMBER	AGENT
01 063990-000	Maguire, Patric
EFFECTIVE DATE	AMOUNT ENCLOSED
6/26/18	

PLEASE NOTE PREMIUMS ARE DUE AND PAYABLE BY EFFECTIVE DATE

Correspondence Address: MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 / Birmingham, Alabama 35202-0265 / 2211 7th Avenue South / Birmingham, AL 35233 Tel: (205) 252-9871 / Fax: (205) 581-9293

Policy Number- EN4GL00143181 Policy Term- 6/26/18 TO 9/30/19 Renewal Policy

Company- EVEREST NATIONAL INSURANCE CO Coverage- Railroad Protective Liability

PREMIUM

4,289.00

For Southwest Pennsylvania Railroad Company and Westmoreland County Industrial Development Please note: Payment is due in full promptly upon receipt

1000 5306099 PP 9925 Approver: Kevin Acklin

 INVOICE DATE
 INVOICE NUMBER

 5/08/18
 70219

AMOUNT **\$4,289.00**

McGRIFF, SEIBELS & WILLIAMS, INC.

INS. OTHER

Peoples Exhibit No. APW-RJ-1 Page 14 of 40



5306099 Approver : Bill Roberts

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

		ACCOUNT NO: INVOICE NO:	4-444222-0000 12 76 8180
LDC Funding, LLC			AMOUNT DUE
AS2-641-444222-017	Business Auto - Premium Deposit		74,594.00
AS2-641-444222-017	Business Auto - Tex, Assessment, Surcharge		190.00
EB2-641-444222-027	Self Insured Retention Occur - Premium Deposit		20,792.75
		Balance	95,576.75

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE MACKENZIE HANLEY AT 800-320-7582 EXT. 19221 OR MACKENZIE HANLEY@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS.PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS • NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 12/18/2017

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 12768180 95,576.75

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212 Illoudhaladhaallaadhaallaadhaaladh Liberty Mutual Insurance P.O. BOX 2027 KEENE NH 03431-7027

Peoples Exhibit No. AF

1000 INS. OTHER 5306099



Approver : Bill Roberts

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

LDC Funding, LLC

AS2-641-444222-017

EB2-641-444222-027

ACCOUNT NO: 4-444222-0000 **INVOICE NO:** 12768181 AMOUNT DUE **Business Auto - Installment 2** 55,945.50 Self Insured Retention Occur - Installment 2 15,594.56

Balance

71.540.06

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE MACKENZIE HANLEY AT 800-320-7582 EXT. 19221 OR MACKENZIE HANLEY@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



375 N SHORE DR. STE 600

PITTSBURGH PA 15212

PAYMENT DUE BY: 12/30/2017

AMOUNT PAID \$___

PRESTON POLIAK PEOPLES NATURAL GAS COMPANY LLC

ACCOUNT NO: **INVOICE NO: BALANCE:**

4-444222-0000 12768181 71,540.06

!!!exxxx!?;;s!xelov!!rxxx!!!erre!!!ureee!e!!;seloe!!! Liberty Mutual Insurance P.O. BOX 2027 **KEENE NH 03431-7027**

Peoples Exhibit No. APW-RJ-Page 16 of 40

1000 INS. OTHER 5306099



PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

Approver: Bill Roberts

		ACCOUNT NO: INVOICE NO:	4-444222-0000 12768182
LDC Funding, LLC			AMOUNT DUE
AS2-641-444222-017	Business Auto - Installment 3		55,945.50
EB2-641-444222-027	Self Insured Retention Occur - Installment 3		15,594.56
		Balance	71,540.06

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE MACKENZIE HANLEY AT 800-320-7582 EXT. 19221 OR MACKENZIE HANLEY@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 01/30/2018

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 12768182 **71,540.06**

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212 llinnillahallanillanillanahlahalla Liberty Mutual Insurance P.O. BOX 2027 KEENE NH 03431-7027

Peoples Exhibit No. APWERJ-1 Page 17 of 40
Page 17 01 40



INS. OTHER 5306099

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PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600

Approver Bill Roberts

PITTSBURGH PA 15212

ACCOUNT NO: **INVOICE NO:**

4-444222-0000 12768183 AMOUNT DUE

AS2-641-444222-017 **Business Auto - Installment 4** EB2-641-444222-027 Self Insured Retention Occur - Installment 4

LDC Funding, LLC

Balance

55,945.50

15,594,56

71,540.06

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE MACKENZIE HANLEY AT 800-320-7582 EXT. 19221 OR MACKENZIE HANLEY@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS

Mutuál. INSURANCE

PAYMENT DUE BY: 02/28/2018

AMOUNT PAID \$____

ACCOUNT NO: INVOICE NO: **BALANCE:**

4-444222-0000 12768183 71,540.06

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

|||ennellerleeleenellenellenellenelle Liberty Mutual Insurance P.O. BOX 2027 **KEENE NH 03431-7027**

Peoples Exhibit No



5306099 Approver Bill Roberts

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

ACCOUNT NO: INVOICE NO: LDC Funding, LLC AS2-641-444222-017 Business Auto - Installment 5 EB2-641-444222-027 Self Insured Retention Occur - Installment 5

006

INS. OTHER

Balance

4-444222-0000 12768184 <u>AMOUNT DUE</u> 55,945 50 15.594 57

71,540.07

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE MACKENZIE HANLEY AT 800-320-7582 EXT. 19221 OR MACKENZIE HANLEY@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS

Liberty <u>Mutual</u> INSURANCE

PAYMENT DUE BY: 03/30/2018

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 12768184 **71,540.07**

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212 IllumIII.l. And International International International Insurance P.O. BOX 2027 KEENE NH 03431-7027

Peoples Exhibit No. APW-RJ-1 INS. WORKERSCOMP of 40 G/L 5306070

Approver : Preston Poljak

NOTICE OF DEPOSIT PREMIUM DUE

 Quote Number:
 Q203391-001

 Renewal Of:
 WCB1020153

 Quote Date:
 09/15/2017

 Deposit Due Date:
 09/30/2017

 Total Policy Premium:
 \$484,187.00

Agency: McGriff Seibels & Williams Inc.

Phone: (205) 252-9871

Workers' Compensation Policy Effective 09/30/2017-09/30/2018

Minimum Deposit Premium Due 09/30/2017	\$72,628.00
Payments Applied to Quote:	\$0.00
Quote Deposit:	\$72,628.00
Total Policy Premium:	\$484,187.00
Total Surcharge:	\$19,365.00
Total Premium:	\$464,822.00

You must pay the minimum deposit amount due to activate coverage.

If you have any questions concerning account payment, please call between the hours of 8:00AM and 5:00PM Monday through Friday at 1-866-45BRICK or 1-304-941-1000 or visit us at <u>www.brickstreet.com</u>

Remove the stub below and return with your payment

Quote Number: Q203391-007 Due Date: 09/30/2017		BRIC Credit C Plea	hecks payal CKSTREET Card Payme Ise pay onlin a do not rem MUST BE	INSUI ents: ne at w nit cash	/ww.br h	ickstre		E		
	Amount Enclosed:]
LDC Funding LLC 375 N Shore Dr. Suite 600 Pittsburgh, PA 15212		E	Send Paym BRICKSTR PO BOX 11 CHARLES	EET I 1285	INSUF		5			

LDC Funding LLC 375 N Shore Dr. Suite 600 Pittsburgh, PA 15212

400 Quarrier St. Charleston, WV 25301



Workers' Compensation Insurance

Quote Date: 09/15/2017 Quote #: Q203391-001 Proposed Policy Period: 09/30/2017-09/30/2018

Installment Schedule

<u>Installments</u>	Due Date	Amount Due
Deposit Premium	09/30/2017	\$72,628.00
Installment	11/19/2017	\$41,156.00
Installment	12/20/2017	\$41,156.00
Installment	01/19/2018	\$41,156.00
Installment	02/19/2018	\$41,156.00
Installment	03/21/2018	\$41,156.00
Installment	04/19/2018	\$41,156,00
Installment	05/20/2018	\$41,156.00
Installment	06/19/2018	\$41,156.00
Installment	07/20/2018	\$41,156.00
Installment	08/19/2018	\$41,155.00

Please note this Installment Schedule is valid for this quote as written, any change in this quote or its resulting policy is not reflected here in. A \$0 fee will be charged for each installment listed above.

www.brickstreet.com

QP0001 (Ed. 01-17)

Page 2 of 11



BRICKSTREET MUTUAL INSURANCE COMPANY 400 QUARRIER STREET

CHARLESTON, WV 25301-2010

INS. WORKERSCOMP G/L 5306070 Approver: Preston Poljak

LDC Funding LLC 375 North Shore Dr Ste 600 Pittsburgh PA 15212 Brickstreet

ARGONAUT INSURANCE COMPANY

PREMIUM INVOICE

Policy	Number			
WC92830836380				
Invoice Number	Invoice Due Date			
IR 00006629	10/17/2017			
Invoice Date	Amount Due			
10/02/2017	\$754.00			

	ARGONAUT INSURANCE COMPANY WORKERS' COMPENSATION POLICY Effective Date: 09/30/2017 Expiration Date: 09/30/2018
\$754.00	Total Estimated Premium (Out of State Coverage)
\$0.00	Total Paid and Adjustments to Date: Payments received recently may not be reflected on this invoice)
\$754.00	Installment Payment Due By 10/17/2017:
\$754.00	Total Due on Policy:

Questions?

Call between the hours of 8:00am and 5:00pm Monday through Friday 1-866-45BRICK or 1-304-941-1000.

Remove the stub below and return with your payment



ARGONAUT INSURANCE COMPANY

Make checks payable to: BRICKSTREET MUTUAL INSURANCE COMPANY

** please do not remit cash

Amount Enclosed

LDC Funding LLC 375 North Shore Dr Ste 600 Pittsburgh PA 15212

Policy Number: WC92830836380 Invoice Number: IR 00006629

Due Date: 10/17/2017

Send Payment to: BRICKSTREET INSURANCE COMPANY P.O. BOX 11285 CHARLESTON, WV 25339-1285

000006659

53368907

	.2200.JI		•		Page 22 of 40
			Approver	fevin Arklin	
MSW McGRIFF, SE	IBELS & WILLIAN URANCE BROKERS	MS, INC.		INVO	DICE
	URANCE BROKERS		ſ	INVOICE DATE	INVOICE NUMBER
PAYMENT INSTRUCTIONS: DETACH	part angentiti and an externa and a state for the state of the	be an and the second		9/19/18	252500
Regular Mailing Address: McGriff, Selbels & Williams, Inc. Lockbox	Overnight Mailing Address: McGriff, Selbels & Williams, Ir	nc. Lockbox		ASSURED NUMBER	AGENT
Drawer 456 PO Box 11407 Birmingham, AL 35246-045 6	Attention: Lockbox Dept. Dra 2090 Parkway Office Circle Birmingham, AL 35244	wer 456		2 064180-888	Peterson, Alan
Contraining Frank, AL GOZZAG 19100	Leaningplant, AL 03244			EFFECTIVE DATE	AMOUNT ENCLOSE
LDC Funding LLC 375 Northshore				9/30/18	
Pittsburgh, PA			L.	PREMIUMS ARE D	SE NOTE UE AND PAYABLE B IVE DATE
P.O. Box 10265 / Birmingham, Alabama 352	e: MCGRIFF, SEIBELS & WILLIAI 202-0265 / 2211 7th Avenue Sout 2-9671 / Fax: (205) 581-9293	MS, INC. h / Birmingham, AL.;	35233	an dan ang mungan palaman palaman palaman dan parawa be	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Policy Number- ELU15761 Policy Term- 9/30/18 Renewal Policy				Y INSURANCE CO. Officers Liabil	ity
		PREMIUM			107,500.00
Policy Number- G7118192 Policy Term- 9/30/18 Renewal Policy				URANCE COMPANY ctors & Officers	
	n mang na anang na anang na bagiya nana barawa kasang kata barang kata sang na sang nagi	PREMIUM	 Although the phillippi and the ph	and an	67,489.00
Policy Number- 01932632 Policy Term- 9/30/18 Renewal Policy				FIRE INS CO/PA actors & Officers	
		PREMIUM			30,000.00
Directors & Office Dates: September 3		uber 30, 20:	19		
		ıber 30, 20:	19		
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			G	/L 530	01020	ICERS : Kevin Acklin)
Msw McGRI	FF, SEIP	ELS & WI		S, INC.	Approver	Acklin	INV	OICE
UP I	INSUR	ANCE BRU	KERS			INVOICE	DATE	
PAYMENT INSTRUCTION	S: DETACH AN	D RETURN WITH Overnight Mailing	and the second s	E TO;		9/19	/18	252502
cGriff, Seibels & Williams, Inc. rawer 456	Lockbox	McGriff, Seibels & Attention: Lockbox	Williams, Inc.			ASSURED		AGENT
D Box 11407		2090 Parkway Offi Birmingham, AL 35	ice Circle			12 064180-		Peterson, Alan
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375 North	nshore Dr					9/30	/18	
Pittsburg	JN, PA 15	212				PREMIUN	IS ARE D	SE NOTE DUE AND PAYABLE E TIVE DATE
D. Box 10265 / Birmingham, A	labama 35202-	CGRIFF, SEIBELS 0265 / 2211 7th A 171 / Fax: (205) 581	venue South /	9, INC. 'Birmingham, AL	35233	ng mate yawa yi yiyanay ang 2 a jantar a nasa yang yanay a	44100-1-466 2 2300 0 0 400 0 0 400 0 0	
plicy Number- 82 Policy Term- 9 Renewal Pol	/30/18 1					NSURANCE CO Risk Packa		
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Fiduciary Li Dates: Septe	ability, amber 30,	Commercia 2018 to S	al Crime	oyments P and Spe	cial Crime	ability,		104,367.00
Fiduciary Li	ability, amber 30, INVOIC	Commercia	al Crime	oyments P and Spe	cial Crime	ability,		104,367.00

Thank You!

Peoples Exhibit No. APW-R		
Peoples Exhibit No. APW-R Page 25 of 4	0) \
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McGRIFF, SEIBELS & WILLIAMS, INC. **INSURANCE BROKERS**

PAYMENT INSTRUCTIONS; DETACH AND RETURN WITH REMITTANCE TO:

Correspondence Address: MCGRIFF, SEIBELS & WILLIAMS, INC.

Regular Mailing Address: McGriff, Selbels & Williams, Inc. Lockbox Drawer 456 PO Box 11407 Birmingham, AL 35246-0456

Overnight Malling Address: McGriff, Seibels & Williams, Inc. Lockbox Attention: Lockbox Dept. Drawer 456 2090 Parkway Office Circle Birmingham, AL 35244

LDC Funding LLC c/o PNG Companies 225 North Shore Dr. Suite 300 Pittsburgh, PA 15212-5860

INVOICE

INVOICE DATE	INVOICE NUMBER
9/25/18	084616
ASSURED NUMBER	AGENT
01 063990-000	Maguire, Patric
EFFECTIVE DATE	AMOUNT ENCLOSED
9/30/18	

PLEASE NOTE PREMIUMS ARE DUE AND PAYABLE BY EFFECTIVE DATE

P.O. Box 10265 / Birmingham, Alabama 35202-0265 / 2211 7th Avenue South / Birmingham, AL 35233 Tel: (205) 252-9871 / Fax: (205) 581-9293 . Policy Number- 100023530902 Policy Term- 9/30/18 TO 9/30/19 Company- STARR INDEMNITY & LIABILITY CO Coverage- Non-owned Aircraft Coverage Renewal Policy PREMIUM 10,000.00 Policy Number- PO5330006P* Policy Term- 9/30/18 TO 9/30/19 Renewal Policy Company- AEGIS INSURANCE SERVICES LTD Coverage- Simplified Commercial Property PREMIUM 310,909.00 STAMPING FEE 20.00 Return Continuity Credit 5,683.00-Surplus Lines Tax 9,156.78 Policy Number- XL5169407P* (\$35M) Company- AEGIS INSURANCE SERVICES LTD Policy Term- 9/30/18 TO 9/30/19 Coverage- Excess Liability-Aegis Renewal Policy PREMIUM 2,516,258.00 STAMPING FEE 20.00 Return Continuity Credit 54,240.00-Surplus Lines Tax 73,860.54 Policy Number- 25410718GL* (100 Policy Term- 9/30/18 TO 9/30/19 Company- ENERGY INSURANCE MUTUAL LTD. Coverage- Excess Liability Coverage (100X35)Renewal Policy STAMPING FEE 20.00 Surplus Lines Tax 30,104.13 SAL CP. 2200. INS. EXCESSLIAB G/L 5306020 Approver: Kevin Acklin

INVOICE DATE	INVOICE NUMBER		······
9/25/18	84616	AMOUNT DUE	**Continued**
ICGRIFF, SEIB	ELS & WILLIAMS, INC.		THANK YOU!



McGRIFF, SEIBELS & WILLIAMS, INC. INSURANCE BROKERS

PAYMENT INSTRUCTIONS: DETACH AND RETURN WITH REMITTANCE TO:

Regular Malling Address: McGriff, Selbels & Williams, Inc. Lockbox Drawer 456 PO Box 11407 Birmingham, AL 35246-0456 Overnight Mailing Address: McGniff, Selbels & Williams, Inc. Lockbox Attention: Lockbox Dept. Drawer 456 2090 Parkway Office Circle Birmingham, AL 35244

LDC Funding LLC c/o PNG Companies 225 North Shore Dr. Suite 300 Pittsburgh, PA 15212-5860

INVOICE

INVOICE DATE	INVOICE NUMBER
9/25/18	084616
ASSURED NUMBER	AGENT
01 063990-000	Maguire, Patric
EFFECTIVE DATE	AMOUNT ENCLOSED
9/30/18	

PLEASE NOTE PREMIUMS ARE DUE AND PAYABLE BY EFFECTIVE DATE

Correspondence Address: MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 / Birmingham, Alabama 35202-0265 / 2211 7th Avenue South / Birmingham, AL 35233 Tel: (205) 252-9871 / Fax: (205) 581-9293 Policy Number- ME1804270* (15) Policy Term- 9/30/18 TO 9/30/19 (15X185) Company- SWISS RE INTERNATIONAL SE Coverage- Excess Liability Coverage Renewal Policy PREMIUM 60,000.00 STAMPING FEE 20.00 Surplus Lines Tax 1,800.00 2018-2019 Renewal **INVOICE DATE INVOICE NUMBER** 9/25/18 84616 AMOUNT \$2,952,245.45 DUE

McGRIFF, SEIBELS & WILLIAMS, INC.

RKH Specialty One Whittington Avenue London EC3V 1LE United Kingdom

 # +44 (0)20 7397 4400

 Head,cashier@rkhspecialty.com

 www.rkhspecialty.com



Peoples Exhibit No. APW-

Page 27 d

CP. 2200. INS. EXCESSLIAB G/L 5306020 Approver = Kavin Acklin

LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

19 September 2018

Transaction No.: Contact:

ME1801917 0001 PM Blair Knight

Debit Note

We refer to our Contract No. ME1801917 and set out below details of the premium calculations.

Insured	:	LDC Funding LLC
Period	:	From 30 September 2018 to 30 September 2019
Туре	:	Excess Liabilities
Layer	:	USD 50,000,000 excess of USD 135,000,000
Details	:	Original Premium for 2018 - 2019 Period

TOTAL AMOUNT DUE

USD 225,000.00

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to RKH Specialty on or before 23 October 2018.

When making remittance, please quote Transaction No. ME1801917 0001 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with Citizens Bank N.A, 28 State Street, 13th Floor, MS1335, Boston, MA 02109. Account details are as follows:-

Account Name	Account Number	ABA Number	Swift Code
RKH Specialty Limited - NST Client Account	1338067726	ABA - 211-070-175 (ACH payments) ABA - 011-500-120 (Wire Transfers)	CTZIUS33

RKH Specialty Limited, part of the Hypenon Insurance Group. Is authonized and regulated by the Financial Conduct Austronity in respect of general insurance business. Registered in England and Wales under Company registration number 7142031. Registered Office: 18 Eastcheap, London EC3M 18D

RKH Specialty One Whittington Avenue London EC3V 1LE United Kingdom

T +44 (0)20 7397 4400 Head,cashier@rkhspecialty.com www.rkhspecialty.com



Peoples Exhibit No. APW-RJ-1

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CP. 2200. INS. EXCESSLIAB G/L 5306020 Appover: Kevin Acklin

LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

19 September 2018

Transaction No.: ME18 Contact: Christe

ME1816091 0001 PM Christopher Metcalf

Debit Note

We refer to our Contract No. ME1816091 and set out below details of the premium calculations.

Insured	:	LDC Funding LLC			
Period	;	From 30 September 2018 to 30 September 2019			
Туре	:	Excess Liabilities			
Layer	:	USD 50,000,000 excess USD 200,000,000			
Details	:	Original Premium for 2018 - 2019 Period			
GROSS PREMIUM		USD 175 000 00			

TOTAL AMOUNT DUE	USD	87,500.00
ORDER HEREON 50.00%	USD	87,500.00
	000	175,000.00

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to RKH Specialty on or before 23 October 2018.

When making remittance, please quote Transaction No. ME1816091 0001 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with Citizens Bank N.A, 28 State Street, 13th Floor, MS1335, Boston, MA 02109. Account details are as follows:-

Account Name		ABA Number	Swift Code	
RKH Specialty Limited - NST Client Account	1338067726	ABA - 211-070-175 (ACH payments) ABA - 011-500-120 (Wire Transfers)	CTZIUS33	

RKH Specialty One Whittington Avenue London EC3V 1LE United Kingdom

T +44 (0)20 7397 4400 Head,cashler@rkhspecialty.com www.rkhspecialty.com



LDC Funding LLC C/O PNG Companies 375 N Shore Drive Ste 600 PITTSBURGH 15212 United States of America

19 September 2018

Transaction No.: ME1816287 0001 PM Contact: Christopher Metcalf

(P. 1200. INS. EXCESSLIAD 6/L 5306020 Approver: Kevin Acklin

Debit Note

We refer to our Contract No. ME1816287 and set out below details of the premium calculations.

Insured	:	LDC Funding LLC			
Period	:	From 30 September 2	018 to 30 September 2019		
Туре	:	Excess Liabilities			
Layer	2	USD 50,000,000 exce	ess USD 200,000,000		
Details					
GROSS PREMIU	M	USD	175,000.00		
ORDER HEREON	1 50.00%	USD	87,500.00		

TOTAL AMOUNT DUE USD 87,500.00

In order for us to comply with the Terms of Trade stipulated by Underwriters please ensure that payment is made to RKH Specialty on or before 23 October 2018.

When making remittance, please quote Transaction No. ME1816287 0001 PM

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

Where payments are made within the US the Company has an arrangement with Citizens Bank N.A, 28 State Street, 13th Floor, MS1335, Boston, MA 02109. Account details are as follows:-

Account Name			Swift Code
RKH Specialty Limited - NST Client Account	1338067726	ABA - 211-070-175 (ACH payments) ABA - 011-500-120 (Wire Transfers)	CTZIUS33

RKH Specialty Limited, part of the Hypenon Insurance Group. Is autooneed and negulated by the Financial Conduct Authority In respect of general insurance business. Registered in England and Wales under company negistration number 7142031. Registered Office: 18 Eastchaep. London EC3M 180



INVOICE



3000 Bayport Drive Suite 550 Tampa, Florida 33607-8418 (813) 287-2117 - Fax: (813) 874-2523

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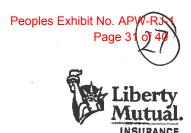
MEMBER insured		
LDC Funding LLC 375 North Shore D Pittsburgh, PA 152		
INVOICE NUMBER	ISSUE DATE	

2	INVOICE NUMBER	ISSUE DATE	DUE DATE
and manual	0000034747	09/17/18	09/30/18
11.			

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION		AMOUNT
09/30/18	09/30/19	254107-18GL	Renewal Premium	S	1,003,471.0
			CP. 2200. INS. EXCESS L G/L 5306020 Approver · Kevin Acklin	IAB	
				\$ TO	1,003,471.00 TAL DUE

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PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

LDC Funding, LLC		ACCOUNT NO: INVOICE NO:	4-444222-0000 13057041 <u>AMOUNT DUE</u>
AS2-641-444222-018	Business Auto - Deposit		75,349.00
AS2-641-444222-018	Business Auto - Tax, Assessment, Surcharge		165.00
EB2-841-444222-028	Self Insured Retention Occur - Deposit		24,654.50
		Balance	100,168.50

(P. 2200. INS. OTHER G/L 5306099 Approver : Kevin Acklin

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE CONNIE JABLONSKI AT 800-320-7582 EXT. 19214 OR CONNIE JABLONSKI@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

FLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 10/15/2018

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 13057041 100,168.50

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

Peoples Exhibit No. APW-RJ-1 40

CP. 2200, INS. OTHER G/L 5306099 NATURAL GAS COMPANY LLC RE DR. STE 600 Ack 1:n

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

> **ACCOUNT NO: INVOICE NO:**

LDC Funding, LLC

Business Auto - Installment 2

AS2-641-444222-018 EB2-641-444222-028

Self Insured Retention Occur - Installment 2

Balance

4-444222-0000 13057042 AMOUNT DUE 56,511.75 18,490.88 75,002.63

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE CONNIE JABLONSKI AT 800-320-7582 EXT, 19214 OR CONNIE JABLONSKI@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS

Mutuál. INSURANCE

AMOUNT PAID \$____

PAYMENT DUE BY: 10/30/2018

ACCOUNT NO: **INVOICE NO: BALANCE:**

4-444222-0000 13057042 75,002.63

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

Liberty Mutual Insurance P.O. BOX 1449 NEW YORK NY 10116-1449

(P. 2200. INS. OTHER G/L 5306099 Approver : Tim Lyon



Peoples Exhibit No. APW

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

LDC Funding, LLC

AS2-641-444222-018

EB2-641-444222-028

ACCOUNT NO: 4-444222-0000 **INVOICE NO:** Business Auto - Installment 3 Self Insured Retention Occur - Installment 3 Balance 75.002.63

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE CONNIE JABLONSKI AT 800-320-7582 EXT. 19214 OR CONNIE JABLONSKI@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 11/30/2018

AMOUNT PAID \$__

ACCOUNT NO: **INVOICE NO: BALANCE:**

4-444222-0000 13057043 75,002.63

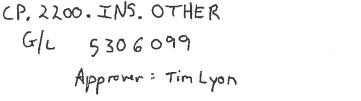
PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

landlilleeraadlacellellenneeilalenleisalkalaneeilat Liberty Mutual Insurance P.O. BOX 1449 NEW YORK NY 10116-1449

70400444222000000013057043000000014490000000000000000750026301

13057043 AMOUNT DUE 56,511.75 18,490.88

Peoples Exhibit No. APW Page 3





PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

¥		ACCOUNT NO: INVOICE NO;	4-444222-0000 13057044
LDC Funding, LLC			AMOUNT DUE
AS2-641-444222-018	Business Auto - Instalkment 4		56,511,75
EB2-641-444222-028	Self Insured Retention Occur - Installment 4		18,490.88
		Balance	75,002.63

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE CONNIE JABLONSKI AT 800-320-7582 EXT. 19214 OR CONNIE JABLONSKI@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 12/30/2018

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 13057044 **75,002.63**

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

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Peoples Exhibit No. APW-Ry-Page 35 of 40

INSURANCE

PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

LDC Funding, LLC		ACCOUNT NO: INVOICE NO:	4-444222-0000 13057045 <u>AMOUNT DUE</u>
AS2-641-444222-018	Business Auto - Installment 5		56,511,75
EB2-641-444222-028	Self Insured Retention Occur - Installment 5		18,490.86
		Balance	75,002.61

(P. 2200. INS. OTHER

G/L 5306099 Approver: Tim Lyon

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR PRODUCER FOR BILLING QUESTIONS CALL OR WRITE CONNIE JABLONSKI AT 800-320-7582 EXT. 19214 OR CONNIE JABLONSKI@LIBERTYMUTUAL.COM LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, PO BOX 1525 100 LIBERTY WAY DOVER NH 03820-1525

PLEASE DETACH AND REMIT ORIGINAL WITH PAYMENT TO THE BOTTOM RIGHT ADDRESS - NOT AN OVERNIGHT MAILING ADDRESS



PAYMENT DUE BY: 01/30/2019

AMOUNT PAID \$_____

ACCOUNT NO: INVOICE NO: BALANCE: 4-444222-0000 13057045 **75,002.61**

PRESTON POLJAK PEOPLES NATURAL GAS COMPANY LLC 375 N SHORE DR. STE 600 PITTSBURGH PA 15212

Luberty Mutual Insurance P.O. BOX 1449 NEW YORK NY 10116-1449



McGRIFF, SEIBELS & WILLIAMS, INC.

PAYMENT INSTRUCTIONS: DETACH AND RETURN WITH REMITTANCE TO:

Regular Mailing Address: McGriff, Selbels & Williams, Inc. Lockbox Drawer 456 PO Box 11407 Birmingham, AL 35246-0456 Overnight Mailing Address: McGriff, Seibels & Williams, Inc. Lockbox Attention: Lockbox Dept. Drawer 456 2090 Parkway Office Circle Birmingham, AL 35244

LDC Funding LLC 375 Northshore Drive #600 Pittsburgh, PA 15212

INVOICE DATE	INVOICE NUMBER
1/02/19	257082
ASSURED NUMBER	AGENT
12 064180-800	Green, Mark
EFFECTIVE DATE	AMOUNT ENCLOSED
1/02/19	

PLEASE NOTE PREMIUMS ARE DUE AND PAYABLE BY EFFECTIVE DATE

Correspondence Address: MCGRIFF, SEIBELS & WILLIAMS, INC. 3400 Overton Park Drive, SE / Suite 300 / Atlanta, Georgia 30339 Tel: (404) 497-7500 / Fax: (404) 497-7501

Policy Number- B0621PLDCF000119* Policy Term- 1/02/19 TO 1/02/20 Renewal Policy	30M Company- LLOYD'S Coverage- Cyber Liability	
	PREMIUM STAMPING FEE Surplus Lines Tax	481,547.85 20.00 14,446.44
		- 8
INVOICE DATE INVOICE NUMBER		
1/02/19 257082	AMOUNT	\$496,014.29

McGRIFF, SEIBELS & WILLIAMS, INC.

Thank You!

Brickstr		voice Number: voice Date:	35452361 09/18/2018	-1444	Payment Due	Date		0. APW-RJ-133 ge 37 of 40 yment Due \$81,944.00	}
Policy Number: Carrier: Agency:	BrickStreet Mu	tual Insurance (s & Williams Inc	• •		Total Balan \$546,294	[Payment \$	Amount .	3048
LDC Funding LL 375 N Shore Dr. Suite 600 Pittsburgh, PA 1				11285, i policy o	nake Checks Payabi Charleston West Virg quote number on al r payment $CP_{s}2200$	ninia 25339 Il checks a	Hease nd include this GL 530	e include your s remittance slip)6070 KERSCOM	P
	0035452363	L	5336890)		0000	00000	1050123		
Brickstr	eet			ice dep	or visit us at www artment at 866-45	2-7425	reet.com		
ACCOUNT SUM	MARY			PAYM	ENT INFORMAT	TION			
Opening Closing Total Account B	alance *	3 - 09/18/2018 \$546, 2	294.00	Curren	Number: I t Payment Due nt Due Date	WCB10	20153	\$81,944.00 10/08/2018	

Payment Due Date: The payment due date shown on this statement applies only to items billed in the current billing cycle. Any unpaid prior balance is due immediately and may result in your policy being cancelled prior to the due date on this statement

pes/Credits	Cha	Description / State	Transaction Dates	Policy Period Dates
		Poyments		
		Changes / Adjustments		
\$178.05		Installment assessment - KY	09/18/2018	09/30/2018 - 09/30/2019
\$1,595.40		Installment premium - KY	09/18/2018	09/30/2018 - 09/30/2019
\$2,435.10		Installment assessment - PA	09/18/2018	09/30/2018 - 09/30/2019
\$75,061.26		Instatiment premium - PA	09/18/2018	09/30/2018 - 09/30/2019
\$245.85	()#	Installment assessment - WV	09/18/2018	09/30/2018 - 09/30/2019
\$2,428.34		Installment premium - WV	09/18/2018	09/30/2018 - 09/30/2019

\$0.00

\$0.00

\$0.00

\$81,944.00

\$81,944.00

Balance Last Statement

* Total Account Balance is the total amount needed to pay your account in full. This amount represents any future installments

Charges / Adjustment

Current Balance

not yet billed.

Payments

Fees





NOTICE OF DEPOSIT PREMIUM DUE

LDC Funding LLC 375 N Shore Dr. Suite 600 Pittsburgh, PA 15212

Quote Number:	Q222558-001
Renewal Of:	WCB1020153
Quote Date:	09/10/2018
Deposit Due Date:	09/30/2018
Total Policy Premium:	\$546,294,00

Agency: McGriff Seibels & Williams Inc.

Phone: (205) 252-9871

Workers' Compensation Policy Effective 09/30/2018-09/30/2019

Total Premium:	\$527,234.00
Total Surcharge:	\$19,060.00
Total Policy Premium:	\$546,294.00
Quote Deposit:	\$81,944.00
Payments Applied to Quote:	\$0.00
Minimum Deposit Premium Due 09/30/2018	\$81,944.00

You must pay the minimum deposit amount due to activate coverage.

If you have any questions concerning account payment, please call between the hours of 8:00AM and 5:00PM Monday through Friday at 1-866-45BRICK or 1-304-941-1000 or visit us at www.brickstreet.com

Remove the stub below and return with your payment				
Quote Number: Due Date: Quote Number: Q222558-001 09/30/2018	mount Enclosed:	Make checks payable to: BRICKSTREET INSURANCE Credit Card Payments: Please pay online at www.brickstreet.com * please do not remit cash PAYMENT MUST BE RECEIVED BY DUE DATE		
LDC Funding LLC 375 N Shore Dr. Suite 600 Pittsburgh, PA 15212	i K	Send Payments to: BRICKSTREET INSURANCE PO BOX 11285 CHARLESTON, WV 25339-1285		

000000000





Workers' Compensation Insurance

Quote Date: 09/10/2018 Quote #: Q222558-001 Proposed Policy Period: 09/30/2018-09/30/2019

Installment Schedule

<u>Installments</u>	Due Date	Amount Due
Deposit Premium	09/30/2018	\$81,944.00
Installment	11/19/2018	\$46,435.00
Installment	12/20/2018	\$46,435.00
Installment	01/19/2019	\$46,435.00
Installment	02/19/2019	\$46,435.00
Installment	03/21/2019	\$46,435.00
Installment	04/19/2019	\$46,435.00
Installment	05/20/2019	\$46,435.00
Installment	06/19/2019	\$46,435.00
Installment	07/20/2019	\$46,435.00
Installment	08/19/2019	\$46,435.00

Please note this Installment Schedule is valid for this quote as written, any change in this quote or its resulting policy is not reflected here in. A \$0 fee will be charged for each installment listed above.

www.brickstreet.com

QP0001 (Ed. 01-17)

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BRICKSTREET MUTUAL INSURANCE COMPANY 400 QUARRIER STREET CHARLESTON, WV 25301-2010

(P. 2200. INS. WORKERS COMP

G/L 5306070

Page

Peoples Exhibit No. APV

ARGONAUT INSURANCE COMPANY

PREMIUM INVOICE

LDC Funding LLC 375 North Shore Dr Ste 600 Pittsburgh PA 15212

Approver : Kevin Acklin

WC9284	12836380
Invoice Number	Invoice Due Date
IR 00007793	10/16/2018
Invoice Date	Amount Due
10/01/2018	\$721.00

	ARGONAUT INSURANCE COMPANY WORKERS' COMPENSATION POLICY Effective Date: 09/30/2018 Expiration Date: 09/30/2019
\$721.00	Total Estimated Premium (Out of State Coverage)
\$0.00	Total Paid and Adjustments to Date: Payments received recently may not be reflected on this invoice)
\$721.00	Installment Payment Due By 10/16/2018:
\$721.00	Total Due on Policy:

Questions?

Call between the hours of 8:00am and 5:00pm Monday through Friday 1-866-45BRICK or 1-304-941-1000.

Remove the stub below and return with your payment



Make checks payable to: BRICKSTREET MUTUAL INSURANCE COMPANY

** please do not remit cash

Amount Enclosed

LDC Funding LLC 375 North Shore Dr Ste 600 Pittsburgh PA 15212

Policy Number: WC92842836380 Invoice Number: IR 00007793

Due Date: 10/16/2018

Send Payment to: BRICKSTREET INSURANCE COMPANY P.O. BOX 11285 CHARLESTON, WV 25339-1285

000007793

53368907

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Docket No. R-2018-3000124

Duquesne Light Company

DLC Statement No. 7

DIRECT TESTIMONY OF KATHERINE SCHOLL

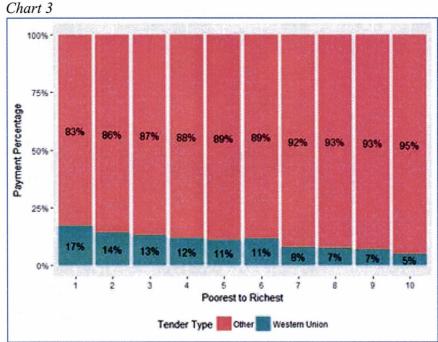
Dated: March 28, 2018

1	Q.	Have you compared usage of debit and credit cards at Duquesne Light to that of
2		other electric utilities?
3	А.	Yes. According to the Aite/ACI 2017 report, "How Americans Pay Their Bills: Sizing
4		Bill Pay Channels and Methods" ³ , roughly 28% of one-time payments to electric utilities
5		are made via debit or credit card. Thirty-one percent (31%) of recurring (autopay)
6		payments made to electric utilities are made via debit or credit card. At 9.6% of
7		payments made via bank card, Duquesne Light is well below the industry average.
8	Q.	Why do Duquesne Light customers use debit or credit cards less than customers of
9		other utilities?
10	A.	Customers routinely tell the Company – via surveys and direct interaction in our contact
11		center – they are dissatisfied with having to pay a fee to make their payment with a bank
12		card. A sample of verbatim comments gathered from Duquesne Light customers via
13		monthly customer satisfaction surveys is provided as DLC Exhibit KMS-5.
14		
15		Additionally, the data suggest that many of the Company's most vulnerable customers
16		submit bank card or one-time ACH same-day payments via Western Union when they are
17		delinquent or facing potential termination for nonpayment, as this is the only way to
18		effect a same-day payment.

³ <u>https://www.aciworldwide.com/-/media/files/collateral/trends/how-americans-pay-their-bills-sizing-bill-pay-channels-and-methods.pdf.</u>

2 card payment options at Duquesne Light? 3 A. Yes. Analysis of customer payment data indicates that CAP customers are significantly more likely to use Western Union for payments than non-CAP/other residential 4 5 customers. 33.4% of CAP customers made at least one Western Union payment in 2017, whereas only 9.3% of all other residential customers paid via Western Union. CAP 6 7 customers represent 6.6% of the Company's residential customer base, but 14% of all 8 residential Western Union payments. 9 Additionally, the Company compared the penetration of Western Union payments across deciles of median household income (defined by Census data for each zip code) and 10 11 found that lower-income households were more than three times as likely to pay via Western Union as high-income households. See Chart 3 below. 12

Can you describe the demographics of customers who historically use debit or credit



13

1

Q.

1	Q.	What insight can you provide as to current payment trends and customer
2		expectations?
3	A.	The previously-cited AITE/ACI report indicates that younger and middle-age generations
4		- those who represent a growing portion of our customer base prefer to pay via bank
5		card. Millennials and Gen Xers pay more of their bills using debit cards than older
6		consumers do. Seniors pay a larger percentage of bills using checks than do younger
7		generations: 31% of seniors use checks versus only 8% for millennials.
8		Not surprisingly, the same AITE/ACI report states that the use of checks to pay bills is
9		sharply declining; between 2010 and 2016, the percentage of bills paid by check went
10		from 37% to 17%, while the number of bills paid via ACH went from 36% to 46%.
11		Credit cards approximately doubled to reach 15% and debit cards went from 11% to 15%
12		during that same period.
13		
14		The TSYS 2016 U.S. Consumer Payment Study ⁴ asked consumers: "When given a
15		choice, what payment form do you prefer (for a one-time bill payment)?" 23% said they
16		prefer credit card; 33% prefer debit; 5% prefer cash and 14% prefer check.
17		
18	There	is strong support ⁵ for the concept that customers want to easily pay via a mobile or
19		connected ⁶ device. Among the \sim 70% of consumers who own at least one connected
20		device, the typical consumer owns <i>four</i> connected devices. As the TSYS 2016 U.S.

⁴ <u>https://www.tsys.com/Assets/TSYS/downloads/rs_2016-us-consumer-payment-study.pdf</u> ⁵ <u>https://www.pymnts.com/how-we-will-pay/.</u>

⁶ "Connected devices" include smartphones, computers and tablets, video game consoles, smart TVs, activity trackers and smart/sports watches, voice activated devices, wearables, and smart appliances."