

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31788

1. Corporation Name

THE ERIE INDEMNITY COMPANY ATTORNEY-IN-FACT FOR
ERIE INSURANCE EXCHANGE

Principal Place of Business

Mailing Address

P.O. BOX 1699
ERIE PA 16530

P.O. BOX 1699
ERIE PA 16530

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90067 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

25-6038677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME HAGEN, THOMAS B.
STREET ADDRESS 5727 GRUBB ROAD
CITY-ST-ZIP ERIE PA

TITLE PCEO ☐ DELETE

NAME MILNE, STEPHEN A.
STREET ADDRESS 100 CULBERTSON DRIVE
CITY-ST-ZIP LAKE CITY PA

TITLE VSD ☐ DELETE

NAME GORDER, JAN R., VAN, ESQ
STREET ADDRESS 6796 MANCHESTER BEACH RD.
CITY-ST-ZIP FAIRVIEW PA

TITLE D ☐ DELETE

NAME BLACK, SAMUEL P., JR.
STREET ADDRESS 400 FRENCH STREET #100
CITY-ST-ZIP ERIE PA

TITLE D ☒ DELETE

NAME SCHOFIELD, SETH E.
STREET ADDRESS 9500 S. OCEAN DR., #1601
CITY-ST-ZIP JENSEN BEACH FL

TITLE D ☐ DELETE

NAME HAGEN, SUSAN
STREET ADDRESS 5727 GRUBB ROAD
CITY-ST-ZIP ERIE PA

1.1 TITLE

Director

☐ Change

☒ Addition

1.2 NAME

Goldman, Patricia A.

1.3 STREET ADDRESS

3026 1/2 Q Street, NW

1.4 CITY-ST-ZIP

Washington, DC 20007

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Exec. VP & CFO

☐ Change

☒ Addition

5.2 NAME

Garcia, Philip A.

5.3 STREET ADDRESS

786 Stockbridge Drive

5.4 CITY-ST-ZIP

Erie, PA 16505

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99

(814) 870-2000

CR2E034 (11/98)