

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31785** (9)

1. Corporation Name

ERIE FAMILY LIFE INSURANCE COMPANY



Principal Place of Business

P.O. BOX 1699
ERIE PA 16530

Mailing Address

P.O. BOX 1699
ERIE PA 16530

3. Date Incorporated or Qualified
10/23/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

25-1186315

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **HIRT, F. WILLIAM**
STREET ADDRESS **3270 KINGSTON COURT**
CITY-STATE-ZIP **ERIE PA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **PCEO** ☒ DELETE
NAME **PETERSEN, JOHN M.**
STREET ADDRESS **124 VOYAGEUR DRIVE**
CITY-STATE-ZIP **ERIE PA**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **PCEO**
2.3 STREET ADDRESS **Milne, Stephen A.**
2.4 CITY-STATE-ZIP **100 Culbertson Drive**
Lake City, PA 16423

TITLE **D** ☐ DELETE
NAME **HAGEN, THOMAS B.**
STREET ADDRESS **5727 GRUBB ROAD**
CITY-STATE-ZIP **ERIE PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **BLACK, SAMUEL, P., JR**
STREET ADDRESS **400 FRENCH ST., #400**
CITY-STATE-ZIP **ERIE PA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **MEHL, EDMUND J**
STREET ADDRESS **504 FRONTIER DR**
CITY-STATE-ZIP **ERIE PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **HAGEN, SUSAN H.**
STREET ADDRESS **5727 GRUBB ROAD**
CITY-STATE-ZIP **ERIE PA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

(814) 870-2000

Date

Daytime Phone

CR2E034 (12/95)