

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

FILED

Apr 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31785** (9)

1. Corporation Name  
**ERIE FAMILY LIFE INSURANCE COMPANY**

Principal Place of Business <b>P.O. BOX 1699 ERIE PA 16530</b>	Mailing Address <b>P.O. BOX 1699 ERIE PA 16530</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1990</b>	3a. Date of Last Report <b>04/17/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>25-1186315</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HIRT, F. WILLIAM</b>		1.2 NAME	
STREET ADDRESS <b>3270 KINGSTON COURT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ERIE PA</b>		1.4 CITY-ST-ZIP	
TITLE <b>PCEO</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILNE, STEPHEN A.</b>		2.2 NAME	
STREET ADDRESS <b>100 CULBERTSON DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE CITY PA</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAGEN, THOMAS B.</b>		3.2 NAME	
STREET ADDRESS <b>5727 GRUBB ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ERIE PA</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLACK, SAMUEL, P., JR</b>		4.2 NAME	<b>D Black, Samuel, P., Jr.</b>
STREET ADDRESS <b>400 FRENCH ST., #400</b>		4.3 STREET ADDRESS	<b>400 French St., #100</b>
CITY-ST-ZIP <b>ERIE PA</b>		4.4 CITY-ST-ZIP	<b>Erie, PA</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEHL, EDMUND J</b>		5.2 NAME	
STREET ADDRESS <b>504 FRONTIER DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ERIE PA</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAGEN, SUSAN H.</b>		6.2 NAME	
STREET ADDRESS <b>5727 GRUBB ROAD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ERIE PA</b>		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_

Stephen A. Milne

4/8/97 (814) 870-2000

Date Daytime Phone #

CR2E034 (9/96)