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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1990

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

25-1186315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

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 ☐ DELETE

CD
NAME HIRT, F. WILLIAM
STREET ADDRESS 3270 KINGSTON COURT
CITY-ST-ZIP ERIE PA

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

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

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

D
NAME MEHL, EDMUND J
STREET ADDRESS 504 FRONTIER DR
CITY-ST-ZIP ERIE PA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

4/1/98

(814) 870-2000

CR2E034 (10/97)