## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P31785

FILED Apr 21, 2004 Secretary of State

Entity Name: ERIE FAMILY LIFE INSURANCE COMPANY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 ERIE INSURANCE PLACE ERIE, PA 16530					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
100 ERIE INSURANCE PLACE ERIE, PA 16530					
FEI Number: 25-1186315 FEI Number Applied For ( ) FEI Number			El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CD () HIRT, F. WILLIA 3270 KINGSTON ERIE, PA 16506	N COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () LUDROF, JEFFI 5700 STONERIE FAIRVIEW, PA	DGE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VAN GORDER,	TER BEACH RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () BRINLING, JOHI 5691 CULPEPP ERIE, PA 16508	ER DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () ZIEGLER, DOUG 378 RIDGEVIEV ERIE, PA 16509	V DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () GARCIA, PHILIP 786 STOCKBRII ERIE, PA 1650	DGE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.					

SIGNATURE: TIMOTHY G. NECASTRO V 04/21/2004

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