

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31785

FILED
Apr 27, 2006
Secretary of State

Entity Name: ERIE FAMILY LIFE INSURANCE COMPANY

Current Principal Place of Business:

100 ERIE INSURANCE PLACE
ERIE, PA 16530

New Principal Place of Business:

Current Mailing Address:

100 ERIE INSURANCE PLACE
ERIE, PA 16530

New Mailing Address:

FEI Number: 25-1186315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HIRT, F. WILLIAM
Address: 3270 KINGSTON COURT
City-St-Zip: ERIE, PA 16506

Title: PD () Delete
Name: LUDROF, JEFFREY A
Address: 5700 STONERIDGE DRIVE
City-St-Zip: FAIRVIEW, PA 16415

Title: SD () Delete
Name: VAN GORDER, JAN R
Address: 6796 MANCHESTER BEACH RD.
City-St-Zip: FAIRVIEW, PA 16415

Title: V () Delete
Name: BRINLING, JOHN J JR
Address: 5691 CULPEPPER DR.
City-St-Zip: ERIE, PA 16506

Title: T () Delete
Name: ZIEGLER, DOUGLAS F
Address: 378 RIDGEVIEW DRIVE
City-St-Zip: ERIE, PA 16505

Title: V () Delete
Name: GARCIA, PHILIP A
Address: 786 STOCKBRIDGE DRIVE
City-St-Zip: ERIE, PA 16505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/27/2006

Electronic Signature of Signing Officer or Director

Date