

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90230 041 ***150.00

DOCUMENT # P31785

1. Entity Name
ERIE FAMILY LIFE INSURANCE COMPANY



Principal Place of Business
**100 ERIE INSURANCE PLACE
ERIE PA 16530**

Mailing Address
**100 ERIE INSURANCE PLACE
ERIE PA 16530**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1186315**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **HIRT, F. WILLIAM**
STREET ADDRESS **3270 KINGSTON COURT**
CITY-ST-ZIP **ERIE PA 16506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MILNE, STEPHEN A**
STREET ADDRESS **100 CULBERTSON DRIVE**
CITY-ST-ZIP **LAKE CITY PA 16423**

TITLE **P/D** ☐ Change ☒ Addition
NAME **LUDROF, JEFFREY A**
STREET ADDRESS **5700 STONERIDGE DRIVE**
CITY-ST-ZIP **FAIRVIEW, PA 16415**

TITLE **PSD** ☐ Delete
NAME **VAN GORDER, JAN R**
STREET ADDRESS **6796 MANCHESTER BEACH RD.**
CITY-ST-ZIP **FAIRVIEW PA 16415**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BRINLING, JOHN J JR**
STREET ADDRESS **5691 CULPEPPER DR.**
CITY-ST-ZIP **ERIE PA 16505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **DREYER, ROBERT H**
STREET ADDRESS **465 HAWTHORNE TRACE**
CITY-ST-ZIP **FAIRVIEW PA 16415**

TITLE **T** ☐ Change ☒ Addition
NAME **ZIEGLER, DOUGLAS F.**
STREET ADDRESS **378 RIDGEVIEW DRIVE**
CITY-ST-ZIP **ERIE, PA 16505**

TITLE **V** ☐ Delete
NAME **GARCIA, PHILIP A**
STREET ADDRESS **786 STOCKBRIDGE DRIVE**
CITY-ST-ZIP **ERIE PA 16505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/23/03 (814) 870-4414

Timothy G. NeCastro, Senior VP & Controller

Date

Daytime Phone #

CR2E034 (10/02)