

1.) CORPORATION NAME:

**ERIE FAMILY LIFE INSURANCE COMPANY**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES E WEAVER  
COLONNADE CORPORATE CENTER  
2820 ELECTRIC RD STE 100**

SCC ID NO: **F0204372**

**ROANOKE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 ERIE INSURANCE PLACE

CITY/ST/ZIP: ERIE, PA 16530

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TERRENCE W CAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	RICHARD F BURT, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	MARCIA A DALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	GEORGE D DUFALA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	ROBERT C INGRAM, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CIO		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	JOHN F KEARNS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW M ERMAN VICE PRESIDENT 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C KATOVICH VICE PRESIDENT 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W MCNUTT VP/TREASURER 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P STOIK VICE PRESIDENT 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN W BOLASH ASST SECRETARY 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY J GUTTING SVP 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A PLAZONY SVP 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY G POSTEMA SVP/CIO 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS B HAGEN DIRECTOR 2800 MCCLELLAND AVENUE ERIE, PA 16530	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN J. MCLAUGHLIN EXEC VP/S/GC 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SEAN J.MCLAUGHLIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEAN J.MCLAUGHLIN, PRINTED NAME AND CORPORATE TITLE	4/24/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			