

1.) CORPORATION NAME:

ERIE FAMILY LIFE INSURANCE COMPANY

DUE DATE: **5/31/2015**

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.

<p>NAME: TERRENCE W CAVANAUGH TITLE: P/CEO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD F BURT, JR. TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARCIA A DALL TITLE: EXEC VP/CFO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GEORGE D DUFALA TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT C INGRAM, III TITLE: EXEC VP/CIO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN F KEARNS TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530</p>	<input checked="" 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
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
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, EXEC VP/S/GC PRINTED NAME AND CORPORATE TITLE	5/7/2015 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.			