

1.) CORPORATION NAME:

**ERIE INSURANCE COMPANY**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0263048**

**ROANOKE, VA 24018-3550**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	23,500

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: 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: JAMES J TANOUS TITLE: EXEC VP/S/GC 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: THOMAS B HAGEN TITLE: CHRMN/DIR ADDRESS: 2800 MCCLELLAND AVE CITY/ST/ZIP/CO: ERIE, PA 16514</p>	<input 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: 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

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		

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/ JAMES J TANOUS	JAMES J TANOUS, EXEC VP/S/GC	1/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.