

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215505876

1.) CORPORATION NAME:

ERIE INSURANCE COMPANY

DUE DATE: **3/31/2015**

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TERRENCE W CAVANAUGH	
TITLE:	P/CEO	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD F BURT, JR.	
TITLE:	EXEC VP	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARCIA A DALL	
TITLE:	EXEC VP/CFO	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE D. DUFALA	
TITLE:	EXEC VP	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT C INGRAM, III	
TITLE:	EXEC VP/CIO	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN F KEARNS	
TITLE:	EXEC VP	
ADDRESS:	100 ERIE INSURANCE PLACE	
CITY/ST/ZIP/CO:	ERIE, PA 16530	

NAME: SEAN J MCLAUGHLIN TITLE: EXEC VP/S/GC ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS B HAGEN TITLE: CHRMN/DIR ADDRESS: 2800 MCCLELLAND AVE CITY/ST/ZIP/CO: ERIE, PA 16514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	2/16/2015 DATE
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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.