

1.) CORPORATION NAME:

**ERIE INSURANCE COMPANY OF NEW YORK**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1706938**

**ROANOKE, VA 24018-3550**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	23,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

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:	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:	JAMES J TANOUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/S/GC		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	THOMAS B HAGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2800 MCCLELLAND AVENUE		
CITY/ST/ZIP/CO:	ERIE, PA 16514		
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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C INGRAM, III EXEC VP/CIO 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F KEARNS EXEC VP 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E CAFLISCH DIRECTOR 928 MARVIN ROAD CLYMER, NY 14724	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY J GUTTING SR VP 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 SR VP & CIO 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC CIPRIANI SR VP 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS E SMITH SR VP 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS C FONTICELLA 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:	WILLIAM N HERR, JR. 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:	BRIAN W BOLASH ASST SECRETARY 100 ERIE INSURANCE PLACE ERIE, PA 16530	<input checked="" type="checkbox"/> OFFICER	<input 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/ JAMES J TANOUS	JAMES J TANOUS, EXEC VP/S/GC	2/19/2013
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.		