Edgar Filing: BRINLING JEFFREY W - Form 4

| BRINLING | JEFFREY W | | | | | | | | | |
|---|---------------------|----------|---|-----------------------|---------------|-----------|--|--|----------------------------|---------------------|
| Form 4 | | | | | | | | | | |
| March 01, 20 | 012 | | | | | | | | | |
| FORM | 14 | | | | | ~~~ | | 01 11 11 11 11 11 11 11 11 11 11 11 11 11 | OMB AF | PROVAL |
| | UNITED | STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 |
| Check this box if no longer subject to STATEMENT OF CHA | | | | | | | | | Expires: | January 31, 2005 |
| | | | F CHAN | NGES IN BENEFICIAL OW | | | | NERSHIP OF | Estimated average | |
| Section 16. Form 4 or | | | | SECUR | ITTES | | | | rs per | |
| Form 5 | | suant to | Section 1 | 6(a) of the | e Securit | ies Er | xchange | e Act of 1934, | response | 0.5 |
| obligatio | ns Section 17(| | | | | | U | 1935 or Section | 1 | |
| may cont See Instr | unue. | | | vestment | • | · · | | | | |
| 1(b). | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person _2. IssueBRINLING JEFFREY WSymbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | - | NDEMNI | TY CO [| ERIE | 2] | (Chard | 111:1-1- | \ \ |
| (Last) | (First) (| Middle) | 3. Date of | f Earliest Tr | ansaction | | | (Chech | k all applicable |) |
| | | | Day/Year) | | | Director | | Owner | | |
| | | | 03/01/2 | 3/01/2012 | | | | _X_ Officer (give below) | below) | Other (specify |
| | | | | | | | | Senior | Vice Presiden | t |
| | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| ERIE, PA 1 | 6530 | | | | | | | Form filed by M Person | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-D | erivative S | Securi | ties Acqu | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of | 2. Transaction Date | | med 3. 4. Securities Acquired | | | | quired | 5. Amount of | 6. 7. | 7. Nature of |
| Security (Instr. 3) | (Month/Day/Year) | | Execution Date, if any (Month/Day/Year) | | (Instr. 3, 4) | | | Beneficially Owned | Form: Direct (D) or | Ownership |
| × / | | • | | | × , | | | | | |
| | | | | | | | | Following Reported | Indirect (I) (Instr. 4) | (Instr. 4) |
| | | | | | | (A) or | | Transaction(s) | (Insu: I) | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | |
| Class A | | | | | | | \$ | | | |
| Common Stock | 03/01/2012 | | | J <u>(1)</u> | 13.903 | А | φ 76.11 | 7,973.768 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| BRINLING JEFFREY W 100 ERIE INSURANCE PLACE ERIE, PA 16530 | | | Senior Vice President | | | | |
| Signatures | | | | | | | |
| Linda A. Etter, Power of Attorney | 03/0 |)1/2012 | | | | | |
| **Signature of Reporting Person | 1 | Date | | | | | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Participant directed transaction under 401(k) Plan

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.