Cipriani Marc Form 3	;								
July 17, 2012	- TINI	TED STA	TES SECURITIES Washington	I OMB A OMB	OMB APPROVAL OMB 3235-0104				
		NITIAL S	STATEMENT OF B	ENFFICIAL.	OWNERSE	HP OF	Number:	January 31,	
	-		STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES					Expires. 2005 Estimated average	
		on 17(a) of	t to Section 16(a) of t the Public Utility Ho 0(h) of the Investmer	burden hou response on					
(Print or Type Ro	esponses)								
1. Name and Address of Reporting Person <u>*</u> Cipriani Marc		States and		Name and Ticker or Trading Syn NDEMNITY CO [ERIE]		mbol			
(Last)	(First)	(Middle)	07/12/2012	4. Relationsh Person(s) to	\ T		Amendment, Date Original (Month/Day/Year)		
100 ERIE IN	SURANC	E PLACE		(01)			`` `	,	
	(Street)			(Chec	k all applicable) 6. In	dividual or Join	nt/Group	
ERIE, PAÂ	X 16530			-		$\begin{array}{ccc} r & -X_{-} \\ r & Perso \\ r & Perso \\ t & 1 \end{array}$	g(Check Applica Form filed by Or on Form filed by Mc orting Person	ne Reporting	
(City)	(State)	(Zip)	Table I	- Non-Deriva	tive Securit	ies Benefic	cially Owned	d	
1.Title of Securi (Instr. 4)	ity			nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature o Ownership (Instr. 5)	f Indirect Bene	ficial	
Class A Com	mon Stoc	k	515		D	Â			
Reminder: Repo owned directly o	-	ate line for e	ach class of securities ben	eficially	SEC 1473 (7-02	2)			
	inforn requir	nation cont red to respo	pond to the collection ained in this form are ond unless the form di MB control number.	not					
Ta	able II - Dei	vivative Secu	urities Beneficially Owne	d (e.g., puts, calls	s, warrants, op	tions, conve	rtible securitie	s)	
1. Title of Deriv	ative Securi	ty 2. D	ate Exercisable and 3. T	Title and Amount of	of 4.	5.	6. Natur	e of Indirect	

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other		
Cipriani Marc 100 ERIE INSURANCE PLACE ERIE, PA 16530	Â	Â	Senior Vice President	Â		
Signatures						
Linda A. Etter, Power of Attorney	07/17/2012					
**Signature of Reporting Person	Γ	Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.