ERIE INDEMNITY CO Form 3 July 11, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			Statement		3. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]				
· · · ·	rst)	(Middle)	(Month/Day/Year) 06/15/2006	4. Relationsh Person(s) to I	ip of Reporting ssuer	5. If Amendment, Date Original Filed(Month/Day/Year)			
Ň	reet)	PLACE		Director X Officer	Other	Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
ERIE, PA 16	530			^o	w) (specify belo l Vice Presiden	· ·	Form filed by More than One Reporting Person		
(City) (Sta	ate)	(Zip)	Table	I - Non-Derivat	tive Securiti	es Bei	neficially Owned		
1.Title of Security (Instr. 4)				ount of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
Class A Commo	n Stock		7,394	.805	D	Â			
Reminder: Report on owned directly or ind		e line for ea	ch class of securities be	eneficially S	SEC 1473 (7-02)			
	informa require	tion conta d to respo	oond to the collection ined in this form ar and unless the form IB control number.	e not displays a					
Table	II - Deriv	ative Secur	ities Beneficially Owr	ned (e.g., puts, calls	, warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security: Security Direct (D) or Indirect		

3235-0104

January 31,

2005

0.5

Number:

Expires:

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Estimated average burden hours per

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(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0 - 1 - - 1 - - 1 - - 1 - - 1 - - - - - - - - - -	Director	10% Owner	Officer	Other			
Colaizzo Louis F 100 ERIE INSURANCE PLACE ERIE, PA 16530	Â	Â	Regional Vice President	Â			
Signatures							
By: Linda A. Etter, Power of Attorney	(07/11/2006					
**Signature of Reporting Person		Date					
Evenlay attack of Dage							

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.