## Edgar Filing: DUFALA GEORGE D - Form 4

DUFALA G	EORGE D											
Form 4	12											
March 04, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION		3 APPROVAL			
	UNITE	DSIAIL				D.C. 205		IGE C	.01411411551014	OMB Number:	3235-0287	
Check the	is box		v v as	migu	<b>, 11</b> , .	D.C. 20.	/ <b>-</b> /				January 31,	
if no long		EMENT C	<b>)F CHAN</b>	GES I	N F	BENEFI	CIAI		NERSHIP OF	Expires:	2005	
subject to Section 1	)					ITIES				Estimated average burden hours per response 0.5		
Form 4 o												
Form 5	Filed p	oursuant to	Section 1	6(a) of	the	Securiti	es Ex	chang	e Act of 1934,	·		
obligation may cont				•		•	- ·		1935 or Section	n		
See Instru		30(h	) of the In	vestme	nt (	Company	y Act	of 194	0			
1(b).												
(Print or Type I	Pagnongag)											
(Find of Type I	(cesponses)											
1. Name and A	ddress of Reportin	ng Person *	2 Issue	· Name a	nd '	Ticker or '	Fradin	a	5. Relationship of	Reporting Pers	son(s) to	
DUFALA GEORGE D Symbol				er Name <b>and</b> Ticker or Trading				5	Issuer			
			-	IDEMI	NIT	TY CO []	ERIE	1				
(Last)	(First)	(Middle)				-			(Chec	k all applicable	:)	
(Month/I				of Earliest Transaction Dav/Year)					Director 10% Owner			
				3/01/2013					_X_Officer (give titleOther (specify			
									below) Executi	below) ve Vice Preside	ent	
	(Street)		4 If Ame	ndment	Dat	e Original						
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 nea(moi	un Duy 1	cui)				_X_ Form filed by C			
ERIE, PA 1	6530								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D		3. 4. Securities Acquired					5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	ar) Executi any	on Date, if	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 5)		(Instr. 3, 4 and 5) (Day/Year) (Instr. 8)					,)	Owned		Ownership		
									Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				<b>C</b> 1	<b>x</b> 7		or	D '	(Instr. 3 and 4)			
Class A				Code	V	Amount	(D)	Price				
Class A Common	03/01/2013			<b>J</b> (1)		15.699	А	\$	8,682.285	D		
Stock	05/01/2015			<u>,                                     </u>		15.077	11	73.2	0,002.205	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)

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

## **Reporting Owners**

Reporting Owner Name / Address			Relationships	ships		
FB	Director	10% Owner	Officer	Other		
DUFALA GEORGE D 100 ERIE INSURANCE PLACE ERIE, PA 16530			Executive Vice President			
Signatures						
Linda A. Etter, Power of Attorney	03/0	04/2013				
**Signature of Reporting Person	I	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.