Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDE	MNITY CO										
Form 4											
March 03, 20)06										
FORM	14		GERUI						OMB AF	PROVAL	
	UNITE) STATE:		RITIES A. shington,			GE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			OF CHAN	F CHANGES IN BENEFICIAL OWNERSHIP OI SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	7(a) of the	Public U		ing Comp	bany A	Act of	e Act of 1934, 1935 or Section 0		0.0	
(Print or Type I	Responses)										
ROOT ERIC D Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tra	_	1		(Check	k all applicable)	
(Month/I				nth/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify below) below) Senior Vice President			
(Street) 4. If An			4. If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mor ERIE, PA 16530				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)				• •					
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ate 2A. Dee r) Execution any		3. Transactio Code	4. Securitie n(A) or Disp (Instr. 3, 4 Amount	es Acq posed o	uired of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	03/01/2006			J <u>(1)</u>	13.0421	А	\$0	1,190.5607	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)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title : Amount Underly Securitic (Instr. 3	t of ring es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
		Code V		Date Exercisable	Expiration Date	o Title N o	lumber		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ROOT ERIC D 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President				
Signatures							
By: Linda A. Etter, Power of Attorney	(03/03/2006					
**Signature of Reporting Person		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.