

ELECTRIC INSURANCE COMPANY

Endorsement No. 5

Georgia Cancellation Endorsement

Insured:
Endorsement No.: 9
Policy No.:
Effective Date of this endorsement: 10/3/07

This endorsement modifies insurance provided by the following:
Excess Insurance Policy for Self-Insurer of Workers' Compensation and Employers Liability

This policy is changed to provide:

Condition O, Cancellation, is changed to provide:

If the Named Insured or Company wants to cancel or non-renew this policy, sixty (60) days advance, written notice of cancellation or non-renewal (ten (10) days notice if we cancel for non-payment of premium) will be given to:

Insurance Commissioner	AND	Georgia Self-Insurers Guaranty Trust Fund
State of Georgia		880 West Peachtree Street NW
2 Martin Luther King, Jr. Drive, S.W.		Atlanta, GA 30309
Room 604, West Tower		
Atlanta, GA 30334		

This endorsement shall take effect at 12:01 AM on the 3rd day of October 2007. Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, agreements or limitations of the undermentioned policy other than as above stated.

This endorsement when signed by an authorized representative of the Company and attached to Policy issued to shall be valid and form part of said policy.

ELECTRIC INSURANCE COMPANY



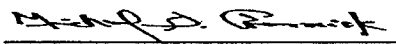
Secretary

Date Issued: 10/03/07



President

Countersigned by



Authorized Representative