## Edgar Filing: Glenn Valerie R - Form 4/A

Glenn Valeri	e R										
Form 4/A											
November 18	8, 2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OND	3235-0287				
Check the	is box		vv as	snington,	D.C. 203	549		Number:	January 31,		
if no long		MENT O	F CHAN	ICES IN	RENEFI		VNFRSHIP O	Expires:	2005		
subject to Section 1	)				GES IN BENEFICIAL OWNERSHIP OF SECURITIES			Estimate	Estimated average burden hours per		
Form 4 o				Sheer				response	•		
Form 5	Filed pu	rsuant to S	Section 1	6(a) of th	e Securit	ies Exchan	ge Act of 1934	•	0.0		
obligation may cont		(a) of the	Public U	tility Hole	ding Com	pany Act	of 1935 or Sect	ion			
See Instru		30(h)	of the In	vestment	Compan	y Act of 19	940				
1(b).											
	<b>`</b>										
(Print or Type F	Responses)										
1. Name and A	ddress of Reporting	Person *	2 Issue	Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
1. Name and Address of Reporting Person *2. IssGlenn Valerie RSymbol						Trading	Issuer				
, in the second s			Employers Holdings, Inc. [EIG]								
(Last)	(First)	(Middle)			-		(Cł	neck all applica	ible)		
				3. Date of Earliest Transaction (Month/Day/Year)			X Director 10% Owner				
				05/29/2008			Officer (give title Other (specify				
(Street)						below) below) 6. Individual or Joint/Group Filing(Check					
			4. If Amendment, Date Original Filed(Month/Day/Year)								
			06/02/2	-	;)		Applicable Line) _X_ Form filed b		g Person		
RENO, NV 89521						Form filed by	Form filed by More than One Reporting				
		( <b></b> : )					Person				
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	Securities A	cquired, Disposed	l of, or Benefic	cially Owned		
1.Title of	2. Transaction Dat			3.	4. Securit		5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		n Date, if	Transactio Code	onAcquired Disposed		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month/I	Day/Year)	(Instr. 8)	(Instr. 3, 4		Owned	(D) or	Ownership		
				. ,	× ,	,	Following	Indirect (I)	(Instr. 4)		
						(A)	Reported Transaction(s)	(Instr. 4)			
				<u> </u>		or	(Instr. 3 and 4)				
Common				Code V	Amount	(D) Price	,		By		
Stock, par							8,463 <u>(1)</u>	Ι	By Rose/Glenn		
value \$0.01							0, <del>1</del> 0 <i>3</i> <u>· ·</u>	1	Group		
, αιας φυ.υτ									Group		
Reminder: Rep	ort on a separate lin	e for each cl	lass of secu	irities benef	icially own	ed directly o	r 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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

( 1 F

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Reporting Owner Name / Address		
	Director	10
Glenn Valerie R		
0375 PROFESSIONAL CIRCLE	Х	
RENO, NV 89521		
Signatures		
/s/ Valerie R. 11/18/2	2008	

Glenn	
<u>**</u> 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).

Relationships

% Owner Officer Other

(1) The previously reported amount of shares indirectly beneficially owned via the Rose/Glenn Group was incorrect due to an administrative error.

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.