

Employers Holdings, Inc.
Form 3
January 30, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 *

Â Sande John P III
(Last) (First) (Middle)

9790 GATEWAY DRIVE

(Street)

RENO, NV 89521

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)
01/30/2007

3. Issuer Name and Ticker or Trading Symbol
Employers Holdings, Inc. [EIG]

4. Relationship of Reporting
Person(s) to Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)

5. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

No securities are beneficially owned

0

I

See footnote 1 and 2 (1) (2)

Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

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information contained in this form are not
required to respond unless the form displays a
currently valid OMB control number.**

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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
Derivative
Security

5. Ownership
Form of
Derivative
Security:
Direct (D)
or Indirect

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

Date
Exercisable

Expiration
Date

Title

Amount or
Number of

Shares

(I)
(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sande John P III 9790 GATEWAY DRIVE RENO, NV 89521	X			

Signatures

/s/ Lenard T. Ormsby, as attorney-in-fact for John P.
Sande, III

01/30/2007

**Signature of Reporting Person

Date

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).
- (1) As of the date of this Form 3, Mr. Sande has no direct or indirect beneficial interests in any security of Employers Holdings, Inc. (the "Company"). Mr. Sande is a partner of Jones Vargas, a Nevada law firm, which holds a policy issued by Employers Insurance Company of Nevada, an indirect wholly-owned subsidiary of the Company. The policy owned by Jones Vargas entitles it to receive consideration consisting of an estimated 1,917 shares of common stock (assuming no exercise of the over-allotment option granted by the Company to the underwriters) as a result of the conversion of the Company from a Nevada mutual insurance company owned by its members to a Nevada stock corporation. If the over-allotment option is exercised, Jones Vargas' entitlement to consideration in the conversion will change.
- (2) By virtue of his ownership interests in Jones Vargas, Mr. Sande may be deemed to beneficially own any shares listed as beneficially owned by Jones Vargas. Mr. Sande will disclaim beneficial ownership of such shares except to the extent of his pecuniary interests therein and the inclusion of the shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

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.