FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Print or Type Responses)											
1. Name and Address of Reporting WESTLUND RICHARD	2. Issuer Nam GENERAL [GNCMA]			U	•		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) Other (specify below) Other (specify below)				
2550 DENALI STREET, S	3. Date of Earli 12/07/2006	est Transa	ction	(Month/I	Day/Ye	SR VP & GM CARRIER SERVICES					
(Street) ANCHORAGE, AK 99503		4. If Amendme	nt, Date O	rigin	al Filed(M	onth/Day	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)		Table I - I	Non-	Derivativ	e Seci	urities Acqu	uired, Disposed of, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	Date Ex (Month/Day/Year) an	A. Deemed xecution Date, if y Month/Day/Year)	Code	on	(Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)	× /	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Class A Common Stock	12/11/2006		S <mark>(1)</mark>		31,469	D	\$ 15.05	0	Ι	by Corporatio	
Class A Common Stock	12/07/2006		Ι		24,000	D	\$ 15.2457	39,236	Ι	by Trust (2	
Class A Common Stock	12/11/2006		Ι		32,000	D	\$ 15.1933	7,236	Ι	by Trust ⁽²	
Class A Common Stock								11,054	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 SEC 1474 (9-02) 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	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	umber	r	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of			(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative		ive	Securities		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				Securities		es		(Instr. 3 and		. 3 and		Owned	Security:	(Instr. 4)
	Security				Acquired		d			4)			Following	Direct (D)	
				(A) or								Reported	or Indirect		
				Disposed		d						Transaction(s)	(I)		
				of (D)								(Instr. 4)	(Instr. 4)		
				(Instr. 3,		·									
					4, and 5))								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code V	/ (/	A) (1	D)				Shares				

Reporting Owners

	Reporting Owner Name / Address	Relationships									
		Director	10% Owner	Officer	Other						
	WESTLUND RICHARD 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503			SR VP & GM CARRIER SERVICES							

Signatures

RICHARD WESTLUND

**Signature of Reporting Person

12/12/2006 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) Sale/retirement of shares held by the issuer on behalf of the reporting person pursuant to the terms of a deferred compensation agreement.
- (2) All shares owned by virtue of participation in the Company's Employee Stock Purchase Plan through December 31, 2005.

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.