

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
| Estimated average burden | | | | |
| nours per response | e 0.5 | | | |

INITIAL STATEMENT OF 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 Person * ARCTIC SLOPE REGIONAL COR | C+++ (A.f. d) | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA] | | | |
| (Middle) (STREET SUITE 801 | 04/10/2008 | | 4. Relationship of Reporting Person Issuer | | n(s) to 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) | | | | (Check all applicable) Director X 10% Owner Officer (give title below) | | | |
| ANCHORAGE, AK 99503 | | | below) | below) | | filed by More than One Reporting Person | |
| (City) (State) (Zip) | | Table I | - Non-Derivat | ive Securities | Beneficially (| Owned | |
| 1.Title of Security (Instr. 4) | 2. Amount of Se Beneficially Ow (Instr. 4) | ned | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Class A Common Stock, no par value | ; | 7,481,240 | | D | | | |
| unless the form | lass of securities beneficial spond to the collection displays a currently variety Securities Beneficial | n of information | on contained in t trol number. | | · | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | Date Exercisable 3. Title and A Securities Ur | | 4. Conversion | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Expiration Date | Title Amour | nt or Number of | Security | (D) or Indirect (I) (Instr. 5) | | |
| Reporting Owners | | | | | | | |
| | Relationshi | ips | | | | | |

| | Reporting Owner Name / Address | Relationships | | | |
|--|--|---------------|--------------|---------|-------|
| | | Director | 10% Owner | Officer | Other |
| | ARCTIC SLOPE REGIONAL CORP 3900 C STREET SUITE 801 ANCHORAGE, AK 99503 | | X | | |

Signatures

| Mark Kroloff, Chief Operating Officer, on behalf of Arctic Slope Regional Corporation | | 04/25/2008 |
|---|--|------------|
| ***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).

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.