NOTICE OF CANCELLATION OR NONRENEWAL
GREAT AMERICAN INSURANCE COMPANY

Bond Number	Date of Notice
9926566	MAY 22, 2017

YOU ARE HEREBY NOTIFIED THAT PURSUANT TO ITS TERMS THIS BOND IS CANCELLED AS INDICATED BY [X] BELOW.

DATE AND HOUR OF CANCELLATION	
[ ] DATE [X] 12:01 A.M. Standard Time [ ] Noon	__30__ DAYS AFTER RECEIPT OF THIS NOTICE. (Provided, however, that as [ ] to any mortgagee or loss payee who, by express provision of the bond is entitled to additional days notice of cancellation, the effective date of cancellation shall be ten (10) days after service of this notice.)

Name and Address of Principal:	Name and Address of Obligee:
BUCKLEY ENERGY GROUP, LTD DBA SANTA BUCKLEY ENERGY 154 ADMIRAL STREET BRIDGEPORT, CT 06605	NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION 21 SOUTH FRUIT STREET, STE 10 CONCORD, NH 03301-2429

(Applicable paragraph marked X)

CANCEL-LATION [X] — You are hereby notified in accordance with the terms and conditions of the above mentioned bond that your insurance will cease at and from the hour and date mentioned above.
If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective.
If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

NON-RENEWAL [ ] — You are hereby notified that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

CANCEL-LATION NON PAY-MENT OF PREMIUM [ ] — You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will cease at and from the hour and date mentioned above.

IMPORTANT NOTICE [ ] — In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency.

CANCELLATION OF:	
LICENSE AND PERMIT BOND	By: _Martin S. Iffer_ (signature) AUTHORIZED REPRESENTATIVE

[ ] Insured Copy   [ ] Obligee Copy

...... Cut on above line for Insured's & Obligee's Copy ......

AUDIT [ ]

RETURN PREMIUM $ _____

EARNED PREMIUM $ _____

Policy cancelled:
[ ] Flat
[ ] Short Rate
[ ] Pro Rata   [ ] Minimum premium charged

REASON: REQUEST BY AGENT

Name and Address of Producer	GREAT AMERICAN INSURANCE COMPANY
GLOBAL RISK SERVICES INC 649 COMMACK RD COMMACK NY 11725	5 WATERSIDE CROSSING WINDSOR, CT 06095

[ ] Company Copy   [ ] Producer's Copy