HANOVER INSURANCE GROUP, INC.

Form 4

January 05, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

ANGELINI MICHAEL P

Symbol

HANOVER INSURANCE GROUP,

(Check all applicable)

INC. [THG]

(Month/Day/Year)

(Last)

(Middle)

3. Date of Earliest Transaction

X_ Director Officer (give title

10% Owner Other (specify

C/O THE HANOVER INSURANCE 01/04/2010

(First)

GROUP, INC., 440 LINCOLN

STREET

(City)

(Instr. 3)

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

below)

WORCESTER, MA 01653

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year)

01/04/2010

(Zip)

(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

Execution Date, if

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned **Following**

Ownership Form: Direct (D)

7. Nature of Indirect Beneficial Ownership

(Instr. 4)

(A)

Reported Transaction(s) or Indirect (I) (Instr. 4)

(Instr. 3 and 4) (D) Price Code V Amount

Deferral

Common **J**(1) 01/04/2010 54 D (1) 19,052 I Agreement/Family Stock Trust (2)

Common Stock

 $\mathbf{J}(1)$

54

(1) 28,953 D

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

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SEC 1474 (9-02)

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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 Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
		Derivative				Securities Acquired			(Instr.	3 and 4)		Owne
		Security										Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date	Expiration Date	Title 1	or Number		
							Exercisable			of		
					Code V	(A) (D)				Shares		
					Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ANGELINI MICHAEL P C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653	X						

Signatures

Walter H. Stowell pursuant to Confirming
Statement
01/05/2010

**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).
- (1) Change of ownership from indirect to direct pursuant to the terms of a deferral agreement for stock previously awarded under the Issuer's Non-Employee Director Stock Ownership Plan.
- (2) Includes 15,052 shares held indirectly in a Rabbi Trust pursuant to a deferral agreement and 4,000 shares held by the Domenic A. Angelini Residuary Trust under agreement dated 10/25/03.

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.

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