HANOVER INSURANCE GROUP, INC.

Form 4

November 16, 2010

See Instruction 1(b).	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction  See Instruction  Washington, D.C. 20549  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  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								APPROVA 3235- Januar d average ours per	-0287
C/O THE HANO' GROUP, INC., 44	of Reporting Person * HAEL P  First) (Middle)  VER INSURANCE	2. Issuer Name a Symbol HANOVER IN INC. [THG] 3. Date of Earlies (Month/Day/Year 11/15/2010	NSURAN	CE C		_X_ Direc	(Check	all applica		
STREET (S WORCESTER, M	4. If Amendment, Filed(Month/Day/Y	onth/Day/Year) A				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) (S	tate) (Zip)	Table I - No	n-Derivativ	e Seci	urities	Acquired, Dispo	sed of.	or Benefic	ially Owne	d
	saction Date 2A. Deen /Day/Year) Executior any (Month/D	ned 3. Date, if Transact Code ay/Year) (Instr. 8)	4. Securi ionAcquired Disposed	ties (A) or of (D) 4 and (A) or	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Owners Form: Direct or India (I) (Instr. 4	7. N ship Bend (Inst (D) rect	ature of Ind eficial Own tr. 4)	irect
Common Stock 11/15/	2010	A	111	. ,	( <u>1</u> )	22,520 (2)	I	Agı	Ferral reement/F st (3)	amily

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

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#### 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	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

ANGELINI MICHAEL P C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653

X

# **Signatures**

Walter H. Stowell pusuant to Confirming

Statement 11/16/2010

> \*\*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) Shares granted pursuant to Issuer's 2006 Long-Term Incentive Plan; receipt deferred at the election of Reporting Person.
- (2) Does not include 30,315 shares held directly by Reporting Person.
- Includes 18,520 shares held indirectly in a Rabbi Trust pursuant to a deferral agreement, and 4,000 shares held indirectly by the Domenic A Angelini residuary Trust u/a dtd 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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