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HANOVER INSURANCE GROUP, INC. Form 4 December 30, 2009

December 50,	2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	PPROVAL			
Check this	box	Washington, D.C. 20549								3235-0287 January 31,		
if no longe subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: Estimated a burden hou response	2005 average irs per		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type Re	esponses)											
ZURAITIS MARITA Symbol				r Name and Ticker or Trading VER INSURANCE GROUP, [HG]				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)(First)(Middle)3. Date of (Month/DTHE HANOVER INSURANCE12/28/20				-				Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President				
GROUP, INC STREET	C., 440 LINCC	DLN										
(Street) 4. If Amen Filed(Mont				dment, Date Original h/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WORCESTE	R, MA 01653							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)		I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o		lly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				SecuritiesIBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	12/28/2009			S <u>(1)</u>	2,000	D	\$ 45	37,877	D (2)			

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

Persons who respond to the collection of information 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 Derivative Security (Instr. 3)	2. 3. Transaction Date Conversion (Month/Day/Year) or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Repo	rting O)wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
	Reporting Ov	wner Name / Address	s Directo	tor 10% C		Relationships Officer			Other		

Executive Vice President

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ZURAITIS MARITA THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653

Signatures

 Charles F. Cronin, pursuant to Confirming
 12/30/2009

 Statement
 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) The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 3, 2009.
- (2) Does not include 31,166 shares held indirectly in a Rabbi Trust pursuant to a deferral agreement.

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.