

HANOVER INSURANCE GROUP, INC.
 Form 4
 February 13, 2007

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 ANGELINI MICHAEL P

2. Issuer Name and Ticker or Trading Symbol
 HANOVER INSURANCE GROUP, INC. [THG]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner
 Officer (give title below) Other (specify below)

C/O THE HANOVER INSURANCE GROUP, INC., 440 LINCOLN STREET

11/29/2004

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

WORCESTER, MA 01653

(City) (State) (Zip)

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) | | | |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|--------|---|------------------|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 11/29/2004 | | G | | 4,000 | A | \$ 0 | 13,277 | I | See Footnote (1) |
| Common Stock | 11/29/2004 | | G | | 2,000 | A | \$ 0 | 15,277 | I | See Footnote (2) |
| Common Stock | 02/12/2007 | | S | | 300 | D | \$ 48.1 | 14,977 | I | See Footnote (3) |

Edgar Filing: HANOVER INSURANCE GROUP, INC. - Form 4

| | | | | | | | | |
|--------------|------------|---|-----|---|----------|-----------------------|---|------------------|
| Common Stock | 02/12/2007 | S | 600 | D | \$ 48.09 | 14,377 | I | See Footnote (4) |
| Common Stock | 02/12/2007 | S | 300 | D | \$ 48.05 | 14,077 | I | See Footnote (5) |
| Common Stock | 02/12/2007 | S | 200 | D | \$ 48.06 | 13,877 | I | See Footnote (6) |
| Common Stock | 02/12/2007 | S | 200 | D | \$ 48.07 | 13,677 | I | See Footnote (7) |
| Common Stock | 02/12/2007 | S | 400 | D | \$ 48.08 | 13,277 ⁽⁹⁾ | I | See Footnote (8) |

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.

SEC 1474
(9-02)

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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 6) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|---|
| | | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of 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 | X | | | |

WORCESTER, MA 01653

Signatures

Michael P.
Angelini

02/13/2007

__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) Includes 9,277 shares held indirectly by a Rabbi Trust pursuant to a deferral agreement (the "Rabbi Trust Shares") and 4,000 shares held indirectly by the Domenic A. Angelini Residuary Trust, under Agreement dated October 25, 2003 (the "Residuary Trust Shares").
- (2) Includes the Rabbi Trust Shares, the Residuary Trust Shares and 2,000 shares held indirectly by the Domenic A. Angelini Marital Trust, under Agreement dated October 25, 2003 (the "Marital Trust Shares").
- (3) Includes the Rabbi Trust Shares, the Residuary Trust Shares and 1,700 Marital Trust Shares.
- (4) Includes the Rabbi Trust Shares, The Residuary Trust Shares and 1,100 Marital Trust Shares.
- (5) Includes the Rabbi Trust Shares, the Residuary Trust Shares and 800 Marital Trust Shares.
- (6) Includes the Rabbi Trust Shares, the Residuary Trust Shares and 600 Marital Trust Shares.
- (7) Includes the Rabbi Trust Shares, the Residuary Trust Shares and 400 Marital Trust Shares.
- (8) Includes the Rabbi Trust Shares and the Residuary Trust Shares.
- (9) 23,364 shares of Common Stock held directly by Reporting Person following reporting transactions.

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.