Brennan John Joseph Form 3 December 16, 2010 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF 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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Brennan John Joseph			2. Date of Event Requiring Statement(Month/Day/Year)	³ 3. Issuer Name and Ticker or Trading Symbol HANOVER INSURANCE GROUP, INC. [THG]				
(Last)	(First)	(Middle)	12/15/2010	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origina Filed(Month/Day/Year)	
THE HANOVER INSURANCE GROUP, INC., 440 LINCOLN STREET (Street) WORCESTER, MA 01653			(Check all applicable) X_ Director 10% Owner Officer Other (give title below) (specify below)		Owner			
(City)	(State)	(Zip)	Table I - 1	Non-Derivat	ive Securiti	ies Be	neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common Sto	ock		0		D	Â		
Reminder: Repo owned directly	or indirectly. Perso inform	ns who resp nation conta	ch class of securities benefic cond to the collection of ained in this form are no nd unless the form disp	t s	EC 1473 (7-02)		
	currer	ntly valid OM	IB control number.					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date Exercisable	Expiration	Title	Amount or Number of	Security	Direct (D) or Indirect
Exercisable	Date		Shares		(I)
			Silares		(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Brennan John Joseph THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653	ÂX	Â	Â	Â	
Signatures					
Walter H. Stowell pursuant to Confirming Statement	12/16/2010				
**Signature of Reporting Person		Date			

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.