Edgar Filing: Desrochers Mark R - Form 4

| Desrochers M Form 4 | | | | | | | | | | | |
|--|--------------------------------------|--|--|---|---|--------|-------------|--|---|---------------------------|--|
| February 28, | _ | | | | | | | | OMB AF | PROVAL | |
| FORM | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | 3235-0287 | | | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior | 6. Filed | | | | | | | | January 31, Expires: 2005 Estimated average burden hours per response 0.5 | | |
| may conti <i>See</i> Instru 1(b). | inue. | | of the Inves | • | • | · · | | | 11 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Desrochers Mark R Sym HA | | | Symbol HANOVEI | 2. Issuer Name and Ticker or Trading Symbol HANOVER INSURANCE GROUP, NC. [THG] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) ANOVER IN C., 440 LINC | | 3. Date of Ear (Month/Day/ ⁷ 02/25/2011 | Year) | nsaction | | | Director X Officer (give below) Senior | | Owner er (specify t | |
| | | | | nendment, Date Original fonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WORCEST | ER, MA 0165 | 3 | | | | | | | fore than One Re | | |
| (City) | (State) | (Zip) | Table I - | · Non-De | rivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Yo | ear) Execution any | n Date, if Tr Cc Day/Year) (In | ansaction ode nstr. 8) | 4. Securit (A) or Di (Instr. 3, Amount | sposed | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/25/2011 | |] | F | 935 | D | \$ 46.34 | 9,728 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | 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 | | | |
| Desrochers Mark R C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653 | | | Senior Vice President | | | | |
| Signatures | | | | | | | |
| Walter H. Stowell pursuant to Confirming Statement | 02/28/201 | 1 | | | | | |
| **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).

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.