Allen Bryan David Form 4/A March 17, 2011

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5 response...

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Allen Bryan David

Symbol HANOVER INSURANCE GROUP,

(Check all applicable)

INC. [THG]

(Middle)

(Zip)

3. Date of Earliest Transaction Director

10% Owner

(Month/Day/Year)

X_ Officer (give title Other (specify below)

C/O THE HANOVER INSURANCE 03/07/2011 GROUP, INC., 440 LINCOLN

(State)

(First)

Senior Vice President

STREET

(Last)

(Street) 4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year) 03/08/2011

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

WORCESTER, MA 01653

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

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D)

Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial

Indirect (I) Ownership Following (Instr. 4) (Instr. 4)

(Month/Day/Year)

(Instr. 8) (Instr. 3, 4 and 5) (A)

or

466

Reported Transaction(s) (Instr. 3 and 4)

Common Stock

03/07/2011

(D) Price Amount F 490 D

15,712 (1)

 $D^{(2)}$

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title a Amount of Underlying Securities (Instr. 3 a	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Allen Bryan David C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653			Senior Vice President				

Signatures

Walter H. Stowell pursuant to Confirming Statement

03/17/2011

Date

**Signature of Reporting Person

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).
- Due to an adminstrative error in connection with the calculation of the tax witholding, the original Form 4 indicated that 510 shares were withheld for taxes. The correct number of shares withheld, as indicated in this amended Form 4,was 490.
- (2) Does not include approximately 2,876 shares held indirectly in 401(k).

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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