HANOVER INSURANCE GROUP, INC.

Form 4

November 14, 2007

FORM 4	OMB APPROVAL							
	COMMISSION	OMB Number:	3235-0287					
Check this box if no longer				Expires:	January 31,			
subject to Section 16. Form 4 or	STATEMENT C	OF CHANGES IN BENEFICIAL OW SECURITIES	Estimated av	•				
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	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							
(Print or Type Respor	ises)							
1. Name and Address of Reporting Person * Allen Bryan David		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 _X_ Officer (give	title Other	Owner (specify			
C/O THE HANC GROUP, INC., 4 STREET	VER INSURANCE 40 LINCOLN		below) Vio	below) ce President				
(5	Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by O					
WORCESTER, N	MA 01653		Form filed by M	by More than One Reporting				

(City)	(State) (Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi on(A) or Di		-	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount		Price	(Instr. 3 and 4)		
Common Stock	05/14/2007		I	10 (1)	A	\$ 48.71 (1)	10 (1) (2)	I	By 401(k)

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

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SEC 1474

(9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	TC'41	or		
						Exercisable	rcisable Date	Title	Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

10% Owner Officer Other Director

Allen Bryan David C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653

Vice President

Signatures

Bryan D. Allen 11/13/2007 **Signature of Date 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).
- Represents a purchase by Reporting Person in The Hanover Stock Fund of Issuer's 401(k). Since purchases in such stock fund are expressed in terms of "units" rather than shares, the number of shares and cost per share indicated on this form are estimates, based upon information provided by the 401(k) administrator.
- (2) As of the date of this filing, Reporting Person also holds 3,549 shares directly.

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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