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HANOVER INSURANCE GROUP, INC.

Form 3

September 25, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

Estimated average burden hours per

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement HANOVER INSURANCE GROUP, INC. [THG] À BARNES WARREN E (Month/Day/Year) 09/17/2007 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O THE HANOVER (Check all applicable) INSURANCE GROUP, INC., 440 LINCOLN STREET 10% Owner Director (Street) _X__ Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) VP & Act. Principal Acctg. Off _X_ Form filed by One Reporting Person WORCESTER, MAÂ 01653 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Ownership Beneficially Owned (Instr. 4) Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock 5,903 (1) D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

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

required to respond unless the form displays a

currently valid OMB control number.

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
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Ownership
		(Instr. 4)	Price of	Derivative	(Instr. 5)
			Derivative	Security:	

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	(2)	01/30/2008	Common Stock	7,500	\$ 52.625	D	Â
Stock Option (Right to Buy)	(3)	02/21/2009	Common Stock	9,000	\$ 52.0625	D	Â
Stock Option (Right to Buy)	(4)	02/18/2011	Common Stock	9,000	\$ 57	D	Â
Stock Option (Right to Buy)	02/07/2008	02/07/2015	Common Stock	5,250	\$ 36.5	D	Â
Stock Option (Right to Buy)	(5)	02/23/2017	Common Stock	4,513	\$ 48.46	D	Â

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other

Â

Dolotionchin

VP & Act. Principal Acctg. Off Â

BARNES WARREN E

C/O THE HANOVER INSURANCE GROUP, INC.

440 LINCOLN STREET

WORCESTER, MAÂ 01653

Signatures

Warren E. 09/25/2007 Barnes

**Signature of Date
Reporting Person

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).
- Includes 1,620 restricted stock units that shall, provided Reporting Person remains employed by the Issuer through such date,
- (1) automatically convert into an equivalent number of shares of common stock on February 15, 2008. Also includes 1,283 restricted stock units that shall, provided Reporting Person remains employed by the Issuer through such date, automatically convert into an equivalent number of shares of common stock on February 23, 2010.
- (2) Option vested 20% annually over the first five years following the date of grant (01/30/98).
- (3) Option vested 20% annually over the first five years following the date of grant (02/21/99).
- (4) Option vested 20% annually over the first five years following the date of grant (02/18/01).
- (5) Option vests 25% on 02/23/08, 25% on 02/23/09, and 50% on 02/23/10.

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Remarks:

Exhibit 24 - Confirming Statement

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Reporting Owners 2

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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.