HANOVER INSURANCE GROUP, INC.

Form 4

February 26, 2013

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

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Check this box

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 * **ZURAITIS MARITA**

(First)

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

HANOVER INSURANCE GROUP,

INC. [THG]

(Check all applicable)

3. Date of Earliest Transaction

Director 10% Owner X_ Officer (give title Other (specify below)

(Month/Day/Year)

02/25/2013

Executive Vice President

THE HANOVER INSURANCE GROUP, INC., 440 LINCOLN STREET

1.Title of

Security

(Instr. 3)

(Last)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

(Instr. 4)

D

6. Individual or Joint/Group Filing(Check

WORCESTER, MA 01653

(City) (State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities Acquired

(A)

Transaction(A) or Disposed of (D)

5. Amount of Securities Beneficially

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

(Instr. 4)

(9-02)

(Month/Day/Year)

Execution Date, if

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

Owned Following Reported

Transaction(s) (Instr. 3 and 4)

Common Stock

02/25/2013

(Month/Day/Year)

Code V Amount (D) F 1,110

Price

68,134 (1)

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amount of	Derivative
Security	or Exercise		any	Code	of	(Month/Day	Year)	Underlying	g Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivativ	e		Securities	(Instr. 5)
	Derivative				Securities			(Instr. 3 an	d 4)
	Security				Acquired (A) or				
					Disposed				
					of (D)				
					(Instr. 3,				
					4, and 5)				
					,				
								Amo	ount
						Date	Expiration Date	or	
						Exercisable		Title Nun	nber
						Excreisable Bate	of		
				Code '	V (A) (D)			Shai	res

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ZURAITIS MARITA THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653

Executive Vice President

9. Nu Deriv Secur Bene Own

Repo Trans (Instr

Signatures

Waltr H. Stowell pursuant to Confirming Statement

02/26/2013

**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).
- (1) Does not include 28,984 shares held indirectly in a Rabbi Trust pursuant to deferral agreements.

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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