Edgar Filing: ASSURANT INC - Form 4

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Form 4	INC											
July 03, 2012	2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287 January 31,			
Check thi if no long	ter	SP.										
subject to STATEMENT OF CHANC Section 16. Form 4 or					GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Lamnin Adam			2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction			(Chec	heck all applicable)			
ASSURAN MANHATT	(Month/Day/Year) 07/01/2012					Director 10% Owner X Officer (give titleX Other (specify below) below) Executive Officer / Pres. & CEO - Assurant Health						
(Street) 4. I			4. If Ame	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
NEW YORI	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi n(A) or D (Instr. 3,	ispose	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	07/01/2012			Code V F	Amount 45	(D) D	Price \$ 34.84	5,984.6622	Ι	By Spouse		
Common Stock								66,999.14 <u>(1)</u>	D			

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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			
Lamnin Adam ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 F. NEW YORK, NY 10005			Executive Officer	Pres. & CEO - Assurant Health			
Signatures							

Lisa Richter 07/03/2012 Attorney-in-Fact

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Includes restricted stock units.

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.