## Edgar Filing: ASSURANT INC - Form 4

| ASSURANT<br>Form 4                                                                                                                  | ΓINC                                                                        |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              |                                                                               |                |                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|------------------------------------------------|--|
| March 17, 20                                                                                                                        | 014                                                                         |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              |                                                                               |                |                                                |  |
| FORM                                                                                                                                | FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                     |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              |                                                                               | OMB APPROVAL   |                                                |  |
|                                                                                                                                     | Washington, D.C. 20549                                                      |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              | COMMISSION                                                                    | OMB<br>Number: | 3235-0287                                      |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 of<br>Form 5<br>obligatio<br>may com<br><i>See</i> Instr<br>1(b).       | ger<br>o <b>STATE</b><br>16.<br>or<br>Filed pu<br><sup>nns</sup> Section 17 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>20(b) of the Investment Company Act of 1940 |                                                                             |              |              |                                                                                                                                                                                         |                                                              |                                                                               |                | January 31,<br>2005<br>werage<br>rs per<br>0.5 |  |
| (Print or Type ]                                                                                                                    | Responses)                                                                  |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              |                                                                               |                |                                                |  |
| 1. Name and Address of Reporting Person <u>*</u><br>PENINGER MICHAEL J                                                              |                                                                             |                                                                                                                                                                                                                                                                       | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>ASSURANT INC [AIZ] |              |              |                                                                                                                                                                                         | ing                                                          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |                |                                                |  |
| (Last)                                                                                                                              | (First)                                                                     | (Middle) 3. Date of Earliest Transaction                                                                                                                                                                                                                              |                                                                             |              |              | (Check                                                                                                                                                                                  | ( an applicable)                                             |                                                                               |                |                                                |  |
| ASSURAN<br>MANHATT<br>FLOOR                                                                                                         | (Month/Day/Year)<br>03/13/2014                                              |                                                                                                                                                                                                                                                                       |                                                                             |              |              | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>EVP, CFO                                                                                                 |                                                              |                                                                               |                |                                                |  |
| NEW VOD                                                                                                                             | (Street)<br>K, NY 10005                                                     |                                                                                                                                                                                                                                                                       | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |              |              | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                              |                                                                               |                |                                                |  |
| NEW IOK                                                                                                                             | <b>K</b> , N I 10003                                                        |                                                                                                                                                                                                                                                                       |                                                                             |              |              |                                                                                                                                                                                         |                                                              | Person                                                                        |                |                                                |  |
| (City)                                                                                                                              | (State)                                                                     | (Zip)                                                                                                                                                                                                                                                                 | Tab                                                                         | le I - Non-I | Derivative   | Secu                                                                                                                                                                                    | rities Aco                                                   | quired, Disposed of,                                                          | or Beneficial  | ly Owned                                       |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date,<br>any<br>(Month/Day/Year) |                                                                             | n Date, if                                                                                                                                                                                                                                                            | tate, if Transactior(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)      |              |              | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)                                                                                             | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)             |                |                                                |  |
|                                                                                                                                     |                                                                             |                                                                                                                                                                                                                                                                       |                                                                             | Code V       | Amount       | or<br>(D)                                                                                                                                                                               | Price                                                        | (Instr. 3 and 4)                                                              | (Instr. 4)     |                                                |  |
| Common<br>Stock                                                                                                                     | 03/13/2014                                                                  |                                                                                                                                                                                                                                                                       |                                                                             | А            | 6,489<br>(1) | А                                                                                                                                                                                       | \$0                                                          | 182,739.4452                                                                  | D              |                                                |  |
| Common<br>Stock                                                                                                                     | 03/14/2014                                                                  |                                                                                                                                                                                                                                                                       |                                                                             | F            | 3,049        | D                                                                                                                                                                                       | \$<br>65.37                                                  | 179,690.4452<br>(2)                                                           | D              |                                                |  |

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | ;                   | Date               | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>tities<br>(. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         | Code V                                | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares              |                                                     |                                                                             |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                       |          | Relationships |          |       |  |  |  |
|-------------------------------------------------------------|----------|---------------|----------|-------|--|--|--|
| 1                                                           | Director | 10% Owner     | Officer  | Other |  |  |  |
| PENINGER MICHAEL J                                          |          |               |          |       |  |  |  |
| ASSURANT, INC.                                              |          |               | EVP, CFO |       |  |  |  |
| ONE CHASE MANHATTAN PLAZA, 41ST FLOOR<br>NEW YORK, NY 10005 |          |               |          |       |  |  |  |
| Signatures                                                  |          |               |          |       |  |  |  |
| Lisa Richter                                                |          |               |          |       |  |  |  |

Lisa Richter 03/17/2014 Attorney-in-Fact 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).
- (1) These shares are represented by restricted stock units.
- (2) 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.