Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INC

Form 4	INC										
November 13	· _									PPROVAL	
FORM	4 UNITED	STATES		ITIES Al hington,			IGE (COMMISSION	-	3235-0287	
Check this if no long subject to Section 10 Form 4 or	er STATE 5.		0 /	BENEFI		L OW	NERSHIP OF	Expires: Estimated a burden hou	January 31		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17	(a) of the		ility Hold	ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type R	esponses)										
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 (Check all applicable)			
(Last)	(First) ((Middle) 3. Date of Earliest Transaction			(Chec	k an applicable)					
	C, INC., ONE C AN PLAZA, 41		(Month/Da 11/08/20	•				Director X Officer (give below) Executive Office	e title X_{below} Oth below)		
				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
NEW YORK	K, NY 10005							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any	emed on Date, if Day/Year)	Code	n(A) or Dis (D)	sposed	of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
0				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	11/08/2012			А	10,000 (1)	А	\$0	75,985.14 (2)	D		
Common Stock								6,223.8512 (2)	Ι	By Spouse	

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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying rities . 3 and 4)	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							

Paulette Lang	11/13/2012
Attorney-in-Fact	11/13/2012

**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) 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.