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ASSURANT	INC											
Form 4 March 18, 20	13											
										OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no long subject to Section 10 Form 4 or Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5					
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 R	lesponses)											
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 Transaction				(Check all applicable)					
ASSURANT MANHATT	(Month/Day/Year) 03/14/2013					Director 10% Owner X Officer (give titleX Other (specify below) below) Executive Officer / Pres. & CEO - Assurant Health						
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
NEW YORK	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-Do	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	med 3. 4. Se on Date, if Transaction(A) or Code (D) Day/Year) (Instr. 8) (Instr			sposed	of	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
-				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	03/14/2013			А	12,328 (1)	А	\$0	84,861.14 (2)	D			
Common Stock	03/14/2013			А	213 <u>(1)</u>	A	\$0	6,612.0052 (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)	3A. Deemed Execution Date, if any (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 Under 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							
Lico Dichton Attonnov							

Lisa Richter Attorney 03/18/2013 in Fact

**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) 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.