Edgar Filing: ASSURANT INC - Form 5

ASSURANT INC

Common

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Stock

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Form 5	VI IIVC									
February 1	4, 2005									
FOR							OMB	APPROVAL		
runi		ED STATE	S SECURITIES AND EXCHANGE COMMISSION				OMB Number:	3235-0362		
	his box if er subject		Wa	shington, I		Expires:	January 31, 2005			
5 obliga may cor	or Form A ations ntinue.	ANNUAL S'		ENT OF CI RSHIP OF	burden ho	Estimated average burden hours per response 1.0				
<i>See</i> Inst 1(b).		pursuant to	Section	16(a) of the	Securities Exchar	nge Act of 1934,				
	Holdings Section	17(a) of the	Public U	Jtility Holdi	ng Company Act Company Act of 1	of 1935 or Sectio	on			
1. Name and Address of Reporting Person <u>*</u> POLLOCK ROBERT B			Symbol	Name and Tio	cker or Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Stater	nent for Issuer'	s Fiscal Year Ended	(Check all applicable)				
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR (Street)			(Month/ 12/31/2	Day/Year) 2004		Director 10% Owner Officer (give title Other (specify below) below) Exec. VP, CFO				
				endment, Date onth/Day/Year)	Original	6. Individual or Joint/Group Reporting (check applicable line)				
NEW YO	RK, NY 10	005				_X_ Form Filed by Form Filed by Person				
(City)	(State)	(Zip)	Tab	ole I - Non-De	rivative Securities A	cquired, Disposed o	of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executio any	med m Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Prio	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								By Barbara		

Pollock

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Plan

Irrevocable Trust

By 401 (k)

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D

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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. SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	3 and 4)		В
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						Date	Expiration	m *.1	or		
						Exercisable	Date		Number		
									of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
POLLOCK ROBERT B ONE CHASE MANHATTAN F 41ST FLOOR NEW YORK, NY 10005	LAZA	Â	Â	Exec. VP, CFO	Â			
Signatures								
Lisa Richter Attorney-in-Fact	02/14/2005							
** Signature of Reporting	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) Not applicable
- (2) Includes 253.485 shares acquired under the Assurant, Inc. Amended and Restated 2004 Employee Stock Purchase Plan on December 31, 2004.
- (3) Between May 26, 2004 and December 31, 2004, the reporting person acquired 10,226.75 shares of Assurant. Inc. common stock under the Assurant, Inc. 401 (k) Plan. The information in this report is based on a plan statement dated as of December 31, 2004.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.