**ASSURANT INC** Form 4

February 22, 2005

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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 Responses)

1(b).

(Last)

(C:tr.)

1. Name and Address of Reporting Person \* HAMM DONALD

(Zin)

(Middle)

(First)

ONE CHASE MANHATTAN PLAZA, 41ST FLOOR

(State)

(Street)

2. Issuer Name and Ticker or Trading

Symbol

ASSURANT INC [AIZ]

3. Date of Earliest Transaction (Month/Day/Year)

02/18/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

Director 10% Owner \_X\_\_ Officer (give title \_\_X\_\_ Other (specify

below) below)

Exec. VP, Pres. and CEO / Assurant Health

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

NEW YORK, NY 10005

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) Transactiom Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	02/18/2005		Code V M	Amount 20,458.63	, ,	Price \$ 22	30,121.115	D			
Common Stock	02/18/2005		D	20,458.63	D	\$ 33.7	9,662.485 (1)	D			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An Nu Sha
Stock Appreciation Right	\$ 22	02/18/2005		M		5,240.45	02/04/2005	12/31/2010	Common Stock	5,
Stock Appreciation Right	\$ 22	02/18/2005		M		6,099.55	02/04/2005	12/31/2011	Common Stock	6,
Stock Appreciation Right	\$ 22	02/18/2005		M		3,878.18	02/04/2005	12/31/2008	Common Stock	3,
Stock Appreication Right	\$ 22	02/18/2005		M		5,240.45	02/04/2005	12/31/2009	Common Stock	5,

## **Reporting Owners**

Reporting Owner Name / Address

Discretes 10% Owner Officers October O

Director 10% Owner Officer Other

HAMM DONALD ONE CHASE MANHATTAN PLAZA 41ST FLOOR NEW YORK, NY 10005

Exec. VP, Pres. and CEO Assurant Health

## **Signatures**

Lisa Richter Attorney-in-Fact 02/22/2005

\*\*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) Includes 253.485 shares acquired under the Assurant, Inc. Amended and Restated 2004 Employee Stock Purchase Plan on December 31, 2004.

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.

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