

ASSURANT INC
Form 5
February 12, 2014

FORM 5

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *
STEIN ROBERT W

(Last) (First) (Middle)

2. Issuer Name and Ticker or Trading Symbol
ASSURANT INC [AIZ]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

C/O ASSURANT, INC., 1 CHASE MANHATTAN PLAZA, 41 FL.

(Street)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
12/31/2013

Director 10% Owner
 Officer (give title below) Other (specify below)

NEW YORK, NY 10005

(City) (State) (Zip)

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

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock	04/18/2013	Â	G ⁽¹⁾	745 D \$ 0	3,606	D	Â
Common Stock	06/17/2013	Â	G ⁽¹⁾	705 D \$ 0	5,012	D	Â
Common Stock	11/12/2013	Â	G ⁽¹⁾	745 D \$ 0	4,267 ⁽²⁾	D	Â
Common Stock	12/30/2013	Â	G	5,000 D \$ 0	4,695 ⁽³⁾	I	By Family Trust

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D S B O E F (I
					(A) (D)	Date Exercisable Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
STEIN ROBERT W C/O ASSURANT, INC. 1 CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005	Â X	Â	Â	Â

Signatures

Lisa Richter
Attorney-in-Fact
02/12/2014

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) Gift to the Robert W. Stein Revocable Living Trust and Christine M. Denham Revocable Living Trust, tenants in common.
- (2) These shares are represented by restricted stock units.

(3) These shares were transferred to a family foundation formed for charitable purposes and the reporting person no longer has a pecuniary interest in the shares. The reporting person continues to have voting and dispositive power over the shares, however, and therefore remains the beneficial owner of the shares for purposes of Section 13 (d) of the 1934 Act and for purposes of the Security Ownership of Management table included in the company's proxy statement.

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.