

ASSURANT INC
Form 4
January 04, 2011

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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

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. Name and Address of Reporting Person *
Lemasters S Craig

(Last) (First) (Middle)

ASSURANT, INC., ONE CHASE
MANHATTAN PLAZA, 41 FL.

(Street)

NEW YORK, NY 10005

(City) (State) (Zip)

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

3. Date of Earliest Transaction (Month/Day/Year)
01/01/2011

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___X_ Other (specify below)
Exec. VP / Pres., CEO Assurant Solutions

6. Individual or Joint/Group Filing(Check Applicable Line)
X 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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	01/01/2011		M	4,933 A \$ 22	53,340.2451	D	
Common Stock	01/01/2011		D	2,817 D \$ 38.52	50,523.2451	D	
Common Stock	01/01/2011		F	776 D \$ 38.52	49,747.2451	D	
Common Stock	01/01/2011		M	6,921 A \$ 32.51	56,668.2451	D	
Common Stock	01/01/2011		D	5,841 D \$ 38.52	50,827.2451	D	

Edgar Filing: ASSURANT INC - Form 4

Common Stock 01/01/2011 F 379 D \$ 50,448.2451 38.52 (1) (2) D

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 1474
(9-02)

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)	Amount or Number of Shares
Stock Appreciation Right	\$ 22	01/01/2011		M	4,933	02/04/2005 01/01/2011	Common Stock	4,933
Stock Appreciation Right	\$ 32.51	01/01/2011		M	6,921	02/04/2005 01/01/2011	Common Stock	6,921

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Lemasters S Craig
ASSURANT, INC.
ONE CHASE MANHATTAN PLAZA, 41 FL.
NEW YORK, NY 10005

Exec. VP Pres., CEO Assurant Solutions

Signatures

Lisa Richter
Attorney-in-Fact 01/04/2011

**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 2,041 shares, net of tax withholding, (rounded to the nearest whole share) granted to Reporting Person pursuant to exercise of these SARs.
- (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.