ASSURANT INC Form 4

November 18, 2005

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

OMB APPROVAL

January 31, Expires: 2005

0.5

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Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

subject to

Section 16.

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Lemasters S Craig

(Last)

(City)

2. Issuer Name and Ticker or Trading

Symbol

ASSURANT INC [AIZ]

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

06/30/2005

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

C/O ASSURANT, INC., ONE CHASE MANHATTAN PLAZA, 41

(Street)

(First)

FL.

Director 10% Owner X_ Officer (give title _X_ Other (specify

below) below) Exec. VP / Pres., CEO Assurant Solutions

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10005

(State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

(Middle)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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.

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

1. Title of 3. Transaction Date 3A. Deemed 5. Number of

6. Date Exercisable and **Expiration Date**

7. Title and Am Underlying Sec

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Y	ear)	(Instr. 3 and 4	•)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A N S
Stock Appreciation Right	\$ 32.51	06/30/2005		A	6,921.06 (1)	02/04/2005	01/01/2011	Common Stock	
Stock Appreciation Right	\$ 22.88	06/30/2005		A	16,065.19 (1)	02/04/2005	01/01/2012	Common Stock	1
Stock Appreciation Right	\$ 25.08	06/30/2005		A	15,806.19 (1)	12/31/2005	01/01/2013	Common Stock	1
Stock Appreciation Right	\$ 26.56	06/30/2005		A	15,460.86	12/31/2006	01/01/2014	Common Stock	1
Stock Appreciation Right	\$ 22	06/30/2005		A	4,933.64 (1)	02/04/2005	01/01/2011	Common Stock	
Stock Appreciation Right	\$ 22	06/30/2005		A	8,897.73 (1)	02/04/2005	01/01/2012	Common Stock	
Stock Appreciation Right	\$ 22	06/30/2005		A	7,891.36	12/31/2005	01/01/2013	Common Stock	
Stock Appreciation Right	\$ 22	06/30/2005		A	6,220 <u>(1)</u>	12/31/2006	01/01/2014	Common Stock	

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Lemasters S Craig C/O ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005			Exec. VP	Pres.,CEO Assurant Solutions	

Signatures

Lisa Richter	11/18/2005
Attorney-in-Fact	11/16/2003

**Signature of Reporting Person Date

Reporting Owners 2

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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) This award was granted in replacement of appreciation awards previously granted to the Reporting Person, which have been cancelled. 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.