## Edgar Filing: ASSURANT INC - Form 4

ASSURANT	T INC											
Form 4												
September 0	9, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI					NERSHIP OF	Estimated average burden hours per					
Section 1	6.	SECURITIES										
Form 4 o Form 5					<b>a</b>				response 0.5			
obligation	no -						-	e Act of 1934,				
may cont	inue. Section 17			vestment	•	- ·		1935 or Section	1			
See Instru 1(b).	uction	50(II) C	n uie iii	vestment	Compan	y Aci	1 01 194	0				
(Print or Type I	Responses)											
1. Name and Address of Reporting Person *       2. Issuer         KOCH CHARLES JOHN       Symbol         ASSUR								5. Relationship of Reporting Person(s) to Issuer				
				ANT INC	C[AIZ]			(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			× ×	11	<b>,</b>		
				n/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
	ANHATTAN PL		09/08/2	005				below)	below)	(speeny		
(Street) 4. If Ame			4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line)					
NEW YORK, NY 10005							_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti r(A) or Dis (Instr. 3, 4)	sposed	l of (D)	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	09/08/2005			P	15,000	, í	\$ 37.25	16,576	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships						
		Director	10% Owner	Officer	Other			
KOCH CHARLES JOHN C/O ASSURANT, INC. ONE CHASE MANHATTAN PL NEW YORK, NY 10005	, 41 FL.	Х						
Signatures								
Lisa Richter Attorney-in-Fact	09/09/20	05						
**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).

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.