**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

Expires:

January 31, 2005

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**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or

Check this box

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).

Form 5

obligations

may continue.

See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \* Owen John B

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

ASSURANT INC [AIZ]

(Middle) (Last) (First)

3. Date of Earliest Transaction

Director 10% Owner

(Check all applicable)

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

06/30/2005

(Month/Day/Year)

X\_\_ Officer (give title \_\_X\_\_ Other (specify below)

below) Exec. VP / Pres/CEO Assur.Spec.Products

FL.

(Street)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

4. If Amendment, Date Original

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

(Instr. 4)

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

NEW YORK, NY 10005

(City)

(Instr. 3)

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

(State)

(Month/Day/Year)

(Zip)

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)

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 Derivative (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Conversion

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
Stock Appreciation Right	\$ 25.08	06/30/2005		A	14,928.47 (1)	12/31/2005	01/01/2013	Common Stock
Stock Appreciation Right	\$ 26.56	06/30/2005		A	14,590.33 (1)	12/31/2006	01/01/2014	Common Stock
Stock Appreciation Right	\$ 36.74	06/30/2005		A	4,237.53 (1)	02/04/2005	01/01/2009	Common Stock
Stock Appreciation Right	\$ 22	06/30/2005		A	1,691.36 (1)	02/04/2005	01/01/2011	Common Stock
Stock Appreciation Right	\$ 22	06/30/2005		A	8,382.27 (1)	02/04/2005	01/01/2012	Common Stock
Stock Appreciation Right	\$ 22	06/30/2005		A	7,449.55	12/31/2005	01/01/2013	Common Stock
Stock Appreciation Right	\$ 22	06/30/2005		A	5,870 (1)	12/31/2006	01/01/2014	Common Stock

# **Reporting Owners**

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other

Owen John B C/O ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005

## **Signatures**

Lisa Richter	11/18/2005
Attorney-in-Fact	11/10/2003

\*\*Signature of Reporting Person Date

Reporting Owners 2

Exec. VP Pres/CEO Assur.Spec.Products

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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.