## Edgar Filing: ASSURANT INC - Form 4

A COLID A NET INC

Form 4 March 13, 20										
FORM							OMB APPROVAL			
	UNITE	CD STATES		LITIES A			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or			F CHAN	GES IN SECUR		ICIA	LOW	NERSHIP OF	Expires: Estimated a burden hour response	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	<sup>1s</sup> Section	17(a) of the l	Public Ut		ding Con	npany	y Act of	e Act of 1934, 1935 or Section 0		
(Print or Type R	Responses)									
Schwartz Bart Syn			Symbol	Name and		Tradiı	ng	5. Relationship of Reporting Person(s) to Issuer		
<i>(</i> <b>7</b> )		<b>A 21 11</b> \						(Checl	k all applicable	)
	(First) ANT, INC., ( NHATTAN ]		3. Date of (Month/D 03/11/20	-	ransaction			Director X Officer (give below) EVP, Chief L		
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
NEW YORF	K, NY 10005							Form filed by M Person		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	n Date, if	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3, Amount	4 and (A) or	d 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)	Indirect Beneficial
Common Stock	03/11/2013			F	2,469	D	\$ 43.57	64,083 <u>(1)</u>	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Schwartz Bart							
C/O ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL.			EVP, Chief Legal Officer	Secretary			
NEW YORK, NY 10005							
Signatures							

Paulette Lang Attorney-in-Fact	03/13/2013		
**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 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.