

ASSURANT INC
Form 3
April 03, 2009

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *

Wagner Sylvia
(Last) (First) (Middle)

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

(Street)

NEW YORK, NY 10005

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
04/01/2009

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

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)
EVP

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

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

Common Stock

2. Amount of Securities Beneficially Owned (Instr. 4)

55,353 ⁽¹⁾

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

D

4. Nature of Indirect Beneficial Ownership (Instr. 5)

^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Edgar Filing: ASSURANT INC - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Appreciation Right	02/04/2005	01/01/2010	Common Stock	3,252.27	\$ 22	D	Â
Stock Appreciation Right	02/04/2005	01/01/2010	Common Stock	4,415.96	\$ 26.82	D	Â
Stock Appreciation Right	02/04/2005	01/01/2011	Common Stock	3,706.36	\$ 22	D	Â
Stock Appreciation Right	02/04/2005	01/01/2011	Common Stock	5,603.44	\$ 30.11	D	Â
Stock Appreciation Right	02/04/2005	01/01/2012	Common Stock	4,270.91	\$ 22	D	Â
Stock Appreciation Right	02/04/2005	01/01/2012	Common Stock	5,728.68	\$ 30.83	D	Â
Stock Appreciation Right	12/31/2005	01/01/2013	Common Stock	3,657.27	\$ 22	D	Â
Stock Appreciation Right	12/31/2005	01/01/2013	Common Stock	5,494.43	\$ 33.45	D	Â
Stock Appreciation Right	12/31/2006	01/01/2014	Common Stock	7,275.66	\$ 31.3	D	Â
Stock Appreciation Right	12/31/2006	01/01/2014	Common Stock	3,450	\$ 22	D	Â
Stock Appreciation Right	12/31/2007	06/30/2010	Common Stock	7,717	\$ 35.64	D	Â
Stock Appreciation Right	12/31/2008	04/01/2011	Common Stock	9,667.38	\$ 49.25	D	Â
Stock Appreciation Right	03/08/2010	03/08/2012	Common Stock	8,450	\$ 53.48	D	Â
Stock Appreciation Right	03/13/2011	03/13/2013	Common Stock	8,650	\$ 60.65	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wagner Sylvia ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005	Â	Â	Â EVP	Â

Signatures

Lisa Richter,
Attorney-in-Fact

04/03/2009

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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.