Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INC

| Form 4 | | | | | | | | | | | |
|--|---|---|-------|--|------------|--------------|-------------|--|--|-----------|--|
| July 02, 2007 | | статес | SECUD | DITIES A | ND EV | ~ Ц А | NCEC | OMMISSION | - | PROVAL | |
| | | STATES | | shington, | | | NGLU | | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o | ger STATEN 6. | box | | | | | | | Expires: Estimated a burden hour response | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 F | Responses) | | | | | | | | | | |
| Pagano Christopher J Symbol | | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | ANT INC | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D) C/O ASSURANT, INC., ONE 06/30/20 CHASE MANHATTAN PLAZA, 41 FL. | | | | • | | | | Director 10% Owner X_ Officer (give titleX_ Other (specify below) below) President, Asset Management / CIO, Asset Management | | | |
| | (Street) | Street) 4. If Amendmo Filed(Month/Da | | | - | l | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| NEW YOR | K, NY 10005 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | 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) | | |
| Common Stock | 06/30/2007 | | | F | 137 | D | \$ 58.92 | 7,443.383 | 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) | Expiration D (Month/Day/ e | Date Exercisable and biration Date onth/Day/Year) | | le and int of rlying ities . 3 and 4) | 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

| Relationships | | | | | | |
|---------------|--------------|--------------------------------|---|--|--|--|
| Director | 10% Owner | Officer | Other | | | |
| | | President, Asset Management | CIO, Asset Management | | | |
| | Director | Director | Director 10% Owner Officer President, Asset | | | |

Signatures

**Signature of Reporting Person

Lisa Richter 07/02/2007 Attorney-in-Fact

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.