### Edgar Filing: ASSURANT INC - Form 4

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Form 4											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287				
Check thi if no long subject to Section 10 Form 4 or	s box er 6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							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 R	lesponses)										
Mergelmeyer Gene Symbol			r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N		3. Date of Earliest Transaction				(Chec	(Check all applicable)			
ASSURANI MANHATT	Day/Year) 010				Director 10% Owner X Officer (give titleX Other (specify below) Executive Vice President / Pres., Assur. Spec. Property						
	ndment, Date Original				6. Individual or Joint/Group Filing(Check						
NEW YORF	th/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi n(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
G			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	10/03/2010		F	114	D	\$ 40.61	55,703 <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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Mergelmeyer Gene ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005			Executive Vice President	Pres., Assur. Spec. Property		

## Signatures

Lisa Richter, Attorney-in-Fact 10/05/2010

\*\*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.