ASSURANT INC Form 4 July 02, 2007

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

5 D 1 (* 1 * CD - (* D - () (

Form 4 or Form 5 obligations may continue. See Instruction

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

response... 0.5

1(b).

Common

Stock

06/30/2007

(Print or Type Responses)

1 Name and Address of Departing D

1. Name and A PENINGER	S	2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ]			5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle)			Date of	Earliest Tra	ansaction	(Check all applicable)				
(====)	()	`	Month/Da		ansaction	Director	10%	Owner		
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR			06/30/20	•		_X_ Officer (give title _X_ Other (specify below) below) Exec. VP; Pres. and CEO / Assurant Employee Benefits				
	4.	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
NEW YOR	Fi	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	I - Non-D	erivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

(A)

or

(D)

D

Price

58.92

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

Code

F

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SEC 1474

(9-02)

Transaction(s)

(Instr. 3 and 4)

30,822.473

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

V Amount

261

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9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	i
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						1
	·				(A) or						1
					Disposed						,
					of (D)						
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
							*	Title Number of	Number		
						Excicisable B			of		
				Code V	(A) (D)				Shares		

Exec. VP; Pres. and

Reporting Owners

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

PENINGER MICHAEL J ONE CHASE MANHATTAN

Assurant Employee **PLAZA Benefits CEO** 41ST FLOOR

NEW YORK, NY 10005

Signatures

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

**Signature of Reporting Person

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.

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