MAYES MICHELE COLEMAN Form 3 October 26, 2004 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB

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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

(Print or Type Responses)

Person * Statement ASSURANT INC [AIZ] MAYES MICHELE (Month/Day/Year) **COLEMAN** 10/22/2004 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) ASSURANT, INC., ONE (Check all applicable) (Street) 6. Individual or Joint/Group _X_ Director 10% Owner Officer Other Filing(Check Applicable Line) (give title below) (specify below) _X_ Form filed by One Reporting Person NEW YORK. NYÂ 10005 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned Ownership (Instr. 4) Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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.

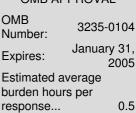
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

of Derivative Security	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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

1. Name and Address of Reporting

CHASE MANHATTAN PLZ.

1. Title of (Instr. 4)



Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addres	s	Relationships					
I State and a state		Director	10% Owner	Officer	Other		
MAYES MICHELE COLEMAN ASSURANT, INC. ONE CHASE MANHATTAN P NEW YORK, NY 10005		ÂX	Â	Â	Â		
Signatures							
Lisa Richter Attorney-in-Fact	10/26/2004						
**Signature of Reporting Person]	Date					

Explanation of Responses:

No securities are beneficially owned

- * 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).

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Remarks:

Reporting Person has no securities to report.

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.