## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Assurant Inc. Political Action Committee 1101 Pennsylvania Ave, NW ADDRESS (number and street) Suite 300 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS keith.sheridan@assurant.com (Check if address is changed) Optional Second E-Mail Address AssurantPAC@assurant.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00185694 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sheridan, Keith, , , Type or Print Name of Treasurer Sheridan, Keith, , , [Electronically Filed] 04 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate / Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Form 1 (Davised )	03/3000\	Dama 2
FEC Form 1 (Revised (		Page 3
	olitical Action Committee	
		ivo or Londovskin DAC Snapov
	Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
Assurant Inc.		
Mailing Address	55 Broadway, Suite 2901	
	New York NY	10006
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of th	e person in possession of committee
Sheridan,	Keith, , ,	
Full Name	260 Interstate North Circle, S.E.	
Mailing Address		
		, ,30339
	Atlanta	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	770 - 763 - 1814
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commit assistant treasurer).	tee; and the name and address of
Full Name Sheridan, I	Keith, , ,	I
of Treasurer	. COOR Learning North Circle O. F.	
Mailing Address	260 Interstate North Circle, S.E.	
	Atlanta	30339
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	770 - 763 - 1814

FEC For	m 1 (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated	Star, Heidi, , ,					
Agent						
Mailing Address	260 Interstate North Circle, S.E.					
	Atlanta GA 30339	9   -   -   -   -				
	CITY STATE	ZIP CODE				
Title or Position Assistant Treas	surer Telephone number 786 –	486   -   8281				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Chain Bridge Bank						
Mailing Address	1445-A Laughlin Avenue					
	McLean VA 22101					
	CITY STATE	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address						
Mailing Address						
Mailing Address						