

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Assurant Inc. Political Action Committee

ADDRESS (number and street)

1101 Pennsylvania Ave, NW

☒ (Check if address is changed)

Suite 300

Washington

CITY ▲

DC

STATE ▲

20004

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

keith.sheridan@assurant.com

Optional Second E-Mail Address

AssurantPAC@assurant.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 27 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00185694

4. 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.

Type or Print Name of Treasurer Sheridan, Keith, , ,

Signature of Treasurer Sheridan, Keith, , ,

[Electronically Filed]









Date

MM / DD / YYYY
04 / 27 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Assurant Inc. Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Assurant Inc.

Mailing Address

55 Broadway, Suite 2901

New York

NY

10006

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Sheridan, Keith, , ,

Mailing Address

260 Interstate North Circle, S.E.

Atlanta

GA

30339

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

770

763

1814

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Sheridan, Keith, , ,

Mailing Address

260 Interstate North Circle, S.E.

Atlanta

GA

30339

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

770

763

1814

Full Name of
Designated
Agent

Star, Heidi, , ,

Mailing Address

260 Interstate North Circle, S.E.

Atlanta

CITY

GA

STATE

30339

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

786

486

8281

9. **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

CITY

VA

STATE

22101

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE