

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Assurant Inc. Political Action Committee

ADDRESS (number and street) 501 W. Michigan St Milwaukee WI 53203

2. FEC IDENTIFICATION NUMBER C C00185694 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2012 through 04 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Swanson

Signature of Treasurer Steve Swanson [Electronically Filed] Date 05 16 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Assurant Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		107188.20
(b) Cash on Hand at Beginning of Reporting Period.....	103518.49	
(c) Total Receipts (from Line 19)	34193.31	85023.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137711.80	192211.80
7. Total Disbursements (from Line 31).....	12500.00	67000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	125211.80	125211.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Assurant Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32026.23	66912.50
(ii) Unitemized	2167.08	18111.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34193.31	85023.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34193.31	85023.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34193.31	85023.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34193.31	85023.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	67000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12500.00	67000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	67000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34193.31	85023.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34193.31	85023.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Eric Almassy
Full Name (Last, First, Middle Initial)

Mailing Address 10369 E Happy Hollow Dr

City Scottsdale State AZ Zip Code 85262-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D139

Amount of Each Receipt this Period
100.00

B. Eric Almassy
Full Name (Last, First, Middle Initial)

Mailing Address 10369 E Happy Hollow Dr

City Scottsdale State AZ Zip Code 85262-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D132

Amount of Each Receipt this Period
100.00

C. Stacia Almquist
Full Name (Last, First, Middle Initial)

Mailing Address 22114 W 52nd St

City Shawnee State KS Zip Code 66226-2856

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation VP, DENTAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D27

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Stacia Almquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 22114 W 52nd St
 City Shawnee State KS Zip Code 66226-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation VP, DENTAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : 4302012-D26
 Amount of Each Receipt this Period
 40.00

B. Mark Andruss
 Full Name (Last, First, Middle Initial)
 Mailing Address 3620 Walnut St
 City Kansas City State MO Zip Code 64111-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation VP,CORPORATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 04 / 13 / 2012
Transaction ID : 4132012-D29
 Amount of Each Receipt this Period
 90.00

C. Mark Andruss
 Full Name (Last, First, Middle Initial)
 Mailing Address 3620 Walnut St
 City Kansas City State MO Zip Code 64111-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation VP,CORPORATE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : 4302012-D27
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Valerie Andruss
Full Name (Last, First, Middle Initial)

Mailing Address 3620 Walnut St

City Kansas City State MO Zip Code 64111-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation OFFICER, TRAINING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D30

Amount of Each Receipt this Period
41.66

B. Valerie Andruss
Full Name (Last, First, Middle Initial)

Mailing Address 3620 Walnut St

City Kansas City State MO Zip Code 64111-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation OFFICER, TRAINING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D28

Amount of Each Receipt this Period
41.66

C. Paul Basile
Full Name (Last, First, Middle Initial)

Mailing Address 8011 Cecil St

City Miami Beach State FL Zip Code 33141-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, TRACKING & ANALYSIS GR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D55

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **133.32**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Paul Basile

Mailing Address 8011 Cecil St

City State Zip Code
 Miami Beach FL 33141-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE VP, TRACKING & ANALYSIS GR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D51

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Julie Berquist

Mailing Address 12100 W Cardinal Ct

City State Zip Code
 Hales Corners WI 53130-1064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT HEALTH VP, GROUP MARKETS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D91

Amount of Each Receipt this Period
 55.00

Full Name (Last, First, Middle Initial)
C. Julie Berquist

Mailing Address 12100 W Cardinal Ct

City State Zip Code
 Hales Corners WI 53130-1064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT HEALTH VP, GROUP MARKETS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D84

Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Mark Berquist
Full Name (Last, First, Middle Initial)
Mailing Address 12100 W Cardinal Ct
City Hales Corners State WI Zip Code 53130-1064
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation VP, CHIEF ACTUARY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : 4132012-D92
Amount of Each Receipt this Period **60.00**

B. Mark Berquist
Full Name (Last, First, Middle Initial)
Mailing Address 12100 W Cardinal Ct
City Hales Corners State WI Zip Code 53130-1064
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation VP, CHIEF ACTUARY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D85
Amount of Each Receipt this Period **60.00**

C. Carey Bongard
Full Name (Last, First, Middle Initial)
Mailing Address 2795 Peachtree Rd NE
City Atlanta State GA Zip Code 30305-3793
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT SOLUTIONS Occupation EVP, HR & ORG DEVELOPMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.81**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D16
Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **245.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Joseph Brining
Full Name (Last, First, Middle Initial)

Mailing Address 5718 E 101st PI

City Tulsa State OK Zip Code 74137-7078

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D140

Amount of Each Receipt this Period
 50.00

B. Joseph Brining
Full Name (Last, First, Middle Initial)

Mailing Address 5718 E 101st PI

City Tulsa State OK Zip Code 74137-7078

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D133

Amount of Each Receipt this Period
 50.00

C. Deborah Cain
Full Name (Last, First, Middle Initial)

Mailing Address 11725 N River Ridge Dr

City Mequon State WI Zip Code 53092-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, INDIVIDUAL MEDICAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D93

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 55
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Deborah Cain

Mailing Address 11725 N River Ridge Dr

City Mequon State WI Zip Code 53092-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, INDIVIDUAL MEDICAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D86

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Steven Cain

Mailing Address 11725 N River Ridge Dr

City Mequon State WI Zip Code 53092-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP, CHIEF ADMIN&RISK OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D94

Amount of Each Receipt this Period
31.25

Full Name (Last, First, Middle Initial)
C. Steven Cain

Mailing Address 11725 N River Ridge Dr

City Mequon State WI Zip Code 53092-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP, CHIEF ADMIN&RISK OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D87

Amount of Each Receipt this Period
31.25

SUBTOTAL of Receipts This Page (optional)..... ▶ **97.50**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Thomas Cairns
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Bunker Hill Dr
 City Brookfield State WI Zip Code 53005-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, FINANCE -PRODUCT LINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D95
 Amount of Each Receipt this Period
 40.00

B. Thomas Cairns
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Bunker Hill Dr
 City Brookfield State WI Zip Code 53005-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, FINANCE -PRODUCT LINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D88
 Amount of Each Receipt this Period
 40.00

C. Jay Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Scarlet Oak Dr
 City Wilton State CT Zip Code 06897-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, CHIEF COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D56
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Jay Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Scarlet Oak Dr
 City Wilton State CT Zip Code 06897-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation SVP, CHIEF COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : 4302012-D52
 Amount of Each Receipt this Period
150.00

B. Alan Colberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 W 19th St FI 8
 City New York State NY Zip Code 10011-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation EVP, MARKETING & BUSINESS DEV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 19 / 2012
Transaction ID : 4B245A4096C9562CB4F
 Amount of Each Receipt this Period
5000.00

C. Patrick Crouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Nicollet Ave
 City Big Lake State MN Zip Code 55309-9592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation MGR, CALL CENTER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : 4132012-D127
 Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....	5191.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Patrick Crouse		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : 4302012-D120
Mailing Address 911 Nicollet Ave		Amount of Each Receipt this Period 41.66
City Big Lake	State MN	Zip Code 55309-9592
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT HEALTH	Occupation MGR, CALL CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

Full Name (Last, First, Middle Initial) B. Phillip Culbertson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 4132012-D57
Mailing Address PO Box 594		Amount of Each Receipt this Period 40.00
City Buckner	State MO	Zip Code 64016-0594
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT CORPORATE	Occupation VP, BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Phillip Culbertson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : 4302012-D53
Mailing Address PO Box 594		Amount of Each Receipt this Period 40.00
City Buckner	State MO	Zip Code 64016-0594
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT CORPORATE	Occupation VP, BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	121.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Theresa Dalen

Mailing Address 9475 Oak Ave

City Waconia	State MN	Zip Code 55387-9638
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS	Occupation VP, DISABILITY & LIFE
---------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D32

Amount of Each Receipt this Period
29.16

Full Name (Last, First, Middle Initial)
B. Theresa Dalen

Mailing Address 9475 Oak Ave

City Waconia	State MN	Zip Code 55387-9638
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS	Occupation VP, DISABILITY & LIFE
---------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D30

Amount of Each Receipt this Period
29.16

Full Name (Last, First, Middle Initial)
C. Deborah Davis

Mailing Address 4201 Southborough Rd

City Florence	State SC	Zip Code 29501-8888
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY	Occupation VP, SERVICE CENTER
----------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D17

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	99.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Deborah Davis

Mailing Address 4201 Southborough Rd

City Florence	State SC	Zip Code 29501-8888
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY	Occupation VP, SERVICE CENTER
----------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D17

Amount of Each Receipt this Period

62.50

41.66

Full Name (Last, First, Middle Initial)
B. Greg Dechurch

Mailing Address 15161 SW 39th St

City Davie	State FL	Zip Code 33331-2761
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE	Occupation SVP, GENERAL COUNSEL
----------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D5

Amount of Each Receipt this Period

62.50

62.50

Full Name (Last, First, Middle Initial)
C. Greg Dechurch

Mailing Address 15161 SW 39th St

City Davie	State FL	Zip Code 33331-2761
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE	Occupation SVP, GENERAL COUNSEL
----------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D5

Amount of Each Receipt this Period

62.50

62.50

SUBTOTAL of Receipts This Page (optional).....▶	166.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Steven Dodder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, FIELD SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D121

Amount of Each Receipt this Period
100.00

B. Steven Dodder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, FIELD SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D114

Amount of Each Receipt this Period
100.00

C. Elyse Douglas
Full Name (Last, First, Middle Initial)

Mailing Address 4 E 95th St

City New York State NY Zip Code 10128-0705

FEC ID number of contributing federal political committee. **C**

Name of Employer Assurant Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : E0CC72B7A156D376A3D

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... **2700.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Christopher Dowler

Mailing Address N54W20859 Carters Crossing Cir

City State Zip Code
 Menomonee Falls WI 53051-6281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT HEALTH SVP, CHIEF INFO OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 684.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D113

Amount of Each Receipt this Period
 85.58

Full Name (Last, First, Middle Initial)
B. Christopher Dowler

Mailing Address N54W20859 Carters Crossing Cir

City State Zip Code
 Menomonee Falls WI 53051-6281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT HEALTH SVP, CHIEF INFO OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 684.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D106

Amount of Each Receipt this Period
 85.58

Full Name (Last, First, Middle Initial)
C. Steven Dzedzic

Mailing Address 2016 N Hubbard St

City State Zip Code
 Milwaukee WI 53212-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE SVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D96

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 371.16

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Steven Dziedzic
Full Name (Last, First, Middle Initial)
Mailing Address 2016 N Hubbard St
City Milwaukee State WI Zip Code 53212-3340
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP, CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1600.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D89
Amount of Each Receipt this Period **200.00**

B. Joseph Erdeman
Full Name (Last, First, Middle Initial)
Mailing Address 202 Gold Leaf Ln
City Canton State GA Zip Code 30114-9713
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT SOLUTIONS Occupation EXEC VP & PRES, EPS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **640.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : 4132012-D3
Amount of Each Receipt this Period **80.00**

C. Joseph Erdeman
Full Name (Last, First, Middle Initial)
Mailing Address 202 Gold Leaf Ln
City Canton State GA Zip Code 30114-9713
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT SOLUTIONS Occupation EXEC VP & PRES, EPS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **640.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D3
Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **360.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Thomas Esser
Full Name (Last, First, Middle Initial)

Mailing Address W158S7209 Quietwood Dr

City Muskego State WI Zip Code 53150-8475

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, NATIONAL ACCOUNTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D97

Amount of Each Receipt this Period
 35.00

B. Thomas Esser
Full Name (Last, First, Middle Initial)

Mailing Address W158S7209 Quietwood Dr

City Muskego State WI Zip Code 53150-8475

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, NATIONAL ACCOUNTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D90

Amount of Each Receipt this Period
 35.00

C. John Frobose
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Ettington Dr

City Suwanee State GA Zip Code 30024-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D18

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 55
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. John Frobose

Mailing Address 6020 Ettington Dr

City Suwanee State GA Zip Code 30024-3378

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, LENDING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D18

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Jennifer Galles

Mailing Address 2073 128th Ln NE

City Blaine State MN Zip Code 55449-5040

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation MGR, UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D128

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Jennifer Galles

Mailing Address 2073 128th Ln NE

City Blaine State MN Zip Code 55449-5040

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation MGR, UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D121

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **143.33**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Anthony Giumetti		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 4132012-D46
Mailing Address 715 1/2 Orchid Ave		Amount of Each Receipt this Period 400.00
City Corona Del Mar	State CA	Zip Code 92625-2468
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT BENEFITS	Occupation SALES MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Darrell Granger		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 4132012-D58
Mailing Address 824 NE 75th St		Amount of Each Receipt this Period 52.08
City Miami	State FL	Zip Code 33138-5240
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT CORPORATE	Occupation DIR, REGIONAL GOV'T RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.64	

Full Name (Last, First, Middle Initial) C. Darrell Granger		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : 4302012-D54
Mailing Address 824 NE 75th St		Amount of Each Receipt this Period 52.08
City Miami	State FL	Zip Code 33138-5240
FEC ID number of contributing federal political committee. C		
Name of Employer ASSURANT CORPORATE	Occupation DIR, REGIONAL GOV'T RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.64	

SUBTOTAL of Receipts This Page (optional).....▶	504.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Kerry Haenes
Full Name (Last, First, Middle Initial)
Mailing Address 11718 Highgrove Dr
City Houston State TX Zip Code 77077-5018
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : 4132012-D142
Amount of Each Receipt this Period **50.00**

B. Kerry Haenes
Full Name (Last, First, Middle Initial)
Mailing Address 11718 Highgrove Dr
City Houston State TX Zip Code 77077-5018
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D135
Amount of Each Receipt this Period **50.00**

C. Melissa Hall
Full Name (Last, First, Middle Initial)
Mailing Address 410 Central Park W
City New York State NY Zip Code 10025-4819
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation SVP, TAX
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D55
Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **225.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mary Hannes

Mailing Address 227 Fieldstone Rd

City State Zip Code
Delafield WI 53018-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASSURANT CORPORATE VP, STRATEGIC DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 13 / 2012
Transaction ID : 4132012-D99

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Mary Hannes

Mailing Address 227 Fieldstone Rd

City State Zip Code
Delafield WI 53018-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASSURANT CORPORATE VP, STRATEGIC DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2012
Transaction ID : 4302012-D92

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. David Hill

Mailing Address 1110 Church St

City State Zip Code
Evanston IL 60201-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASSURANT CORPORATE VP, STATE LOBBYIST HEAD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 13 / 2012
Transaction ID : 4132012-D60

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. David Hill
Full Name (Last, First, Middle Initial)
Mailing Address 1110 Church St
City Evanston State IL Zip Code 60201-3604
FEC ID number of contributing federal political committee. **C**
Name of Employer ASSURANT CORPORATE Occupation VP, STATE LOBBYIST HEAD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D56
Amount of Each Receipt this Period **62.50**

B. Robert Hill
Full Name (Last, First, Middle Initial)
Mailing Address 11726 N 120th St
City Scottsdale State AZ Zip Code 85259-3242
FEC ID number of contributing federal political committee. **C**
Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, ARIC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : 4132012-D1
Amount of Each Receipt this Period **100.00**

C. Robert Hill
Full Name (Last, First, Middle Initial)
Mailing Address 11726 N 120th St
City Scottsdale State AZ Zip Code 85259-3242
FEC ID number of contributing federal political committee. **C**
Name of Employer SPECIALTY PROPERTY Occupation PRESIDENT, ARIC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : 4302012-D1
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **262.50**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Julia Hix

Mailing Address 29W 128 83rd Street

City Naperville State IL Zip Code 60564

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, REGULATORY COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D102

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Julia Hix

Mailing Address 29W 128 83rd Street

City Naperville State IL Zip Code 60564

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, REGULATORY COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D95

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Richard Hybarger

Mailing Address 3105 Shady Knoll Ct

City Clover State SC Zip Code 29710-6058

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation SALES MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D48

Amount of Each Receipt this Period
54.17

SUBTOTAL of Receipts This Page (optional)..... ► **114.17**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Richard Hybarger
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Shady Knoll Ct

City Clover State SC Zip Code 29710-6058

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation SALES MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D45

Amount of Each Receipt this Period
54.17

B. Stacy Jenison
Full Name (Last, First, Middle Initial)

Mailing Address 7421 Delmar St

City Prairie Village State KS Zip Code 66208-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation VP, PROGRAM MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D36

Amount of Each Receipt this Period
75.00

C. Stacy Jenison
Full Name (Last, First, Middle Initial)

Mailing Address 7421 Delmar St

City Prairie Village State KS Zip Code 66208-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation VP, PROGRAM MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D33

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **179.17**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Shawn Kahle
Full Name (Last, First, Middle Initial)

Mailing Address 228 W 71st St

City New York State NY Zip Code 10023-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, CORPORATE COMMUNICATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D62

Amount of Each Receipt this Period
 50.00

B. Shawn Kahle
Full Name (Last, First, Middle Initial)

Mailing Address 228 W 71st St

City New York State NY Zip Code 10023-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, CORPORATE COMMUNICATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D58

Amount of Each Receipt this Period
 50.00

C. Paul Kangas
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Princeton Dr

City Alexandria State VA Zip Code 22307-1350

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, FED POLICY & GOV RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 633.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D63

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Paul Kangas		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : 4302012-D59
Mailing Address 6515 Princeton Dr		Amount of Each Receipt this Period 41.66
City Alexandria	State VA	Zip Code 22307-1350
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT CORPORATE	Occupation VP, FED POLICY & GOV RELATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 633.28	

Full Name (Last, First, Middle Initial) B. Shaun Kelly		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 4132012-D64
Mailing Address 575 S Shore Pl		Amount of Each Receipt this Period 41.66
City Roswell	State GA	Zip Code 30076-3246
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT CORPORATE	Occupation SVP, STRATEGY & ORG TRANSFORMA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

Full Name (Last, First, Middle Initial) C. Shaun Kelly		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : 4302012-D60
Mailing Address 575 S Shore Pl		Amount of Each Receipt this Period 41.66
City Roswell	State GA	Zip Code 30076-3246
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT CORPORATE	Occupation SVP, STRATEGY & ORG TRANSFORMA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Kamma Kondrad			Date of Receipt 04 / 13 / 2012 Transaction ID : 4132012-D88
Mailing Address 6930 Pershing Blvd			Amount of Each Receipt this Period 32.00
City Kenosha	State WI	Zip Code 53142-1720	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 256.00	
Name of Employer ASSURANT CORPORATE		Occupation MGR, FACILITY PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kamma Kondrad			Date of Receipt 04 / 30 / 2012 Transaction ID : 4302012-D81
Mailing Address 6930 Pershing Blvd			Amount of Each Receipt this Period 32.00
City Kenosha	State WI	Zip Code 53142-1720	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 256.00	
Name of Employer ASSURANT CORPORATE		Occupation MGR, FACILITY PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Scott Krienke			Date of Receipt 04 / 13 / 2012 Transaction ID : 4132012-D103
Mailing Address 3336 Nagawicka Ave			Amount of Each Receipt this Period 130.00
City Delafield	State WI	Zip Code 53018-1021	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1040.00	
Name of Employer ASSURANT HEALTH		Occupation SVP, PRODUCT LINES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	194.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Scott Krienke

Mailing Address 3336 Nagawicka Ave

City State Zip Code
 Delafield WI 53018-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT HEALTH SVP, PRODUCT LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D96

Amount of Each Receipt this Period
 130.00

Full Name (Last, First, Middle Initial)
B. Ronny Lancaster

Mailing Address 822 Capitol Square PI SW

City State Zip Code
 Washington DC 20024-2437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE SVP, PUBLIC AFFAIRS/GOV'T REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D65

Amount of Each Receipt this Period
 208.33

Full Name (Last, First, Middle Initial)
C. Ronny Lancaster

Mailing Address 822 Capitol Square PI SW

City State Zip Code
 Washington DC 20024-2437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE SVP, PUBLIC AFFAIRS/GOV'T REL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D61

Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 546.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Chad Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 2870 Ivey Oaks Ln

City Roswell State GA Zip Code 30076-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D143

Amount of Each Receipt this Period
60.00

B. Chad Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 2870 Ivey Oaks Ln

City Roswell State GA Zip Code 30076-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation DIR, REGIONAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D136

Amount of Each Receipt this Period
60.00

C. Mark Linsky
Full Name (Last, First, Middle Initial)

Mailing Address 4619 W Sylvan Ramble St

City Tampa State FL Zip Code 33609-4237

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation SALES MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D50

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **370.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. David Madigan
Full Name (Last, First, Middle Initial)

Mailing Address 3470 Condor Ridge Rd

City Yorba Linda State CA Zip Code 92886-6970

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation VP, PROD LINE MGMT - LS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D19

Amount of Each Receipt this Period
 62.50

B. Ann Marie McCann
Full Name (Last, First, Middle Initial)

Mailing Address 230 Paterson Ave

City Midland Park State NJ Zip Code 07432-1845

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, ENT HR ANALYTICS & PROJ MGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : 80088AEB77D79445DCC

Amount of Each Receipt this Period
 300.00

C. Katharine McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 11640 SW 64th Ave

City Pinecrest State FL Zip Code 33156-4806

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation SVP, CHANNEL EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D7

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	487.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Katharine McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 11640 SW 64th Ave
 City State Zip Code
 Pinecrest FL 33156-4806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPECIALTY PROPERTY SVP, CHANNEL EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D7
 Amount of Each Receipt this Period
 125.00

B. Matthew McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Peppertree Ct
 City State Zip Code
 Marietta GA 30068-3865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D82
 Amount of Each Receipt this Period
 72.91

c. Matthew McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Peppertree Ct
 City State Zip Code
 Marietta GA 30068-3865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSURANT CORPORATE SVP, GENERAL COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D75
 Amount of Each Receipt this Period
 72.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.82
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Kevin Michels
Full Name (Last, First, Middle Initial)

Mailing Address 33 Beacon Ln

City Aberdeen State NJ Zip Code 07747-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation SVP, INVEST COMPLIANCE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : 4132012-D66

Amount of Each Receipt this Period
55.00

B. Kevin Michels
Full Name (Last, First, Middle Initial)

Mailing Address 33 Beacon Ln

City Aberdeen State NJ Zip Code 07747-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation SVP, INVEST COMPLIANCE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : 4302012-D62

Amount of Each Receipt this Period
55.00

C. Stephanie Missey
Full Name (Last, First, Middle Initial)

Mailing Address 13011 Mackey St

City Overland Park State KS Zip Code 66213-2734

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 554.16

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : 4132012-D67

Amount of Each Receipt this Period
70.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.83

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 55
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stephanie Missey

Mailing Address 13011 Mackey St

City Overland Park	State KS	Zip Code 66213-2734
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE	Occupation VP, ACCOUNTING
----------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **554.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D63

Amount of Each Receipt this Period

80	.	83
----	---	----

70.83

Full Name (Last, First, Middle Initial)
B. Mike Norderhaug

Mailing Address 2425 Camelot Dr

City Brookfield	State WI	Zip Code 53045-3914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH	Occupation SVP, EXEC SALES OFFICER
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D122

Amount of Each Receipt this Period

80	.	33
----	---	----

83.33

Full Name (Last, First, Middle Initial)
C. Mike Norderhaug

Mailing Address 2425 Camelot Dr

City Brookfield	State WI	Zip Code 53045-3914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH	Occupation SVP, EXEC SALES OFFICER
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D115

Amount of Each Receipt this Period

80	.	33
----	---	----

83.33

SUBTOTAL of Receipts This Page (optional).....▶	237.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Sheryle Ohme
Full Name (Last, First, Middle Initial)

Mailing Address 7409 W 105th St

City Bloomington State MN Zip Code 55438-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation SVP, CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D39

Amount of Each Receipt this Period
41.66

B. Sheryle Ohme
Full Name (Last, First, Middle Initial)

Mailing Address 7409 W 105th St

City Bloomington State MN Zip Code 55438-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation SVP, CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D36

Amount of Each Receipt this Period
41.66

C. David Oury
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Four Winds Way

City Hartland State WI Zip Code 53029-8561

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D104

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **143.32**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. David Oury

Mailing Address 1216 Four Winds Way

City Hartland State WI Zip Code 53029-8561

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D97

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
B. Bradley Peak

Mailing Address 5650 NW Union Chapel Rd

City Parkville State MO Zip Code 64152-3800

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation VP, PRODUCT MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D40

Amount of Each Receipt this Period
31.25

Full Name (Last, First, Middle Initial)
C. Bradley Peak

Mailing Address 5650 NW Union Chapel Rd

City Parkville State MO Zip Code 64152-3800

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation VP, PRODUCT MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D37

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... **126.25**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Barbara Peterson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 4132012-D68
Mailing Address 265 Lucky Dr		Amount of Each Receipt this Period 500.00
City Marietta	State GA	Zip Code 30068-3660
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT CORPORATE	Occupation DIR, REGIONAL GOV'T RELATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Rosemary Polk		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 4132012-D41
Mailing Address 624 Greenway Ter		Amount of Each Receipt this Period 93.75
City Kansas City	State MO	Zip Code 64113-1536
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT BENEFITS	Occupation SVP, HR & DEVELOPMENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Rosemary Polk		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : 4302012-D38
Mailing Address 624 Greenway Ter		Amount of Each Receipt this Period 93.75
City Kansas City	State MO	Zip Code 64113-1536
FEC ID number of contributing federal political committee. C	Name of Employer ASSURANT BENEFITS	Occupation SVP, HR & DEVELOPMENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶

687.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 491.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D11

Amount of Each Receipt this Period
 41.66

B. Karen Porter-Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 13501 SW 102nd Ave

City Miami State FL Zip Code 33176-6127

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT SOLUTIONS Occupation SVP, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 491.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 4302012-D11

Amount of Each Receipt this Period
 200.00

C. John Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 11 Mitchellwood Dr

City Falmouth State ME Zip Code 04105-1244

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : 4132012-D42

Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	449.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. John Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 11 Mitchellwood Dr

City Falmouth State ME Zip Code 04105-1244

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT BENEFITS Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D39

Amount of Each Receipt this Period
 208.33

B. John Rogers III
Full Name (Last, First, Middle Initial)

Mailing Address 67 Chester St

City Arlington State MA Zip Code 02476-7606

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP,STRATEGY DEV & PROV MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D134

Amount of Each Receipt this Period
 62.50

C. John Rogers III
Full Name (Last, First, Middle Initial)

Mailing Address 67 Chester St

City Arlington State MA Zip Code 02476-7606

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation SVP,STRATEGY DEV & PROV MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D127

Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Bart Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 780 W End Ave
Apt 4B

City New York State NY Zip Code 10025-5548

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation EVP, CHIEF LEGAL OFFICER & SEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 11 / 2012
Transaction ID : **EEA5DFCB9BBB12E0943**

Amount of Each Receipt this Period
5000.00

B. Valerie Seasholtz
Full Name (Last, First, Middle Initial)

Mailing Address 1640 NE 35th Ave

City Homestead State FL Zip Code 33033-5585

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT SOLUTIONS Occupation EXEC VP & PRES, DFS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 13 / 2012
Transaction ID : **4132012-D12**

Amount of Each Receipt this Period
50.00

C. Valerie Seasholtz
Full Name (Last, First, Middle Initial)

Mailing Address 1640 NE 35th Ave

City Homestead State FL Zip Code 33033-5585

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT SOLUTIONS Occupation EXEC VP & PRES, DFS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2012
Transaction ID : **4302012-D12**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5100.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Joseph Sevcik
 Full Name (Last, First, Middle Initial)
 Mailing Address 9510 W 129th St
 City Overland Park State KS Zip Code 66213-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation SVP, MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2012
Transaction ID : 4132012-D44
 Amount of Each Receipt this Period 62.50

B. Joseph Sevcik
 Full Name (Last, First, Middle Initial)
 Mailing Address 9510 W 129th St
 City Overland Park State KS Zip Code 66213-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT BENEFITS Occupation SVP, MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2012
Transaction ID : 4302012-D41
 Amount of Each Receipt this Period 62.50

C. John Sheehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Antonia Ct
 City Lincroft State NJ Zip Code 07738-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT CORPORATE Occupation VP, LAW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 13 / 2012
Transaction ID : 4132012-D69
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. John Sheehan
Full Name (Last, First, Middle Initial)

Mailing Address 117 Antonia Ct

City Lincroft State NJ Zip Code 07738-1537

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, LAW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D64

Amount of Each Receipt this Period
 30.00

B. Matthew Silverstein
Full Name (Last, First, Middle Initial)

Mailing Address 8424 Allman Rd

City Lenexa State KS Zip Code 66219-1879

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, FINANCIAL MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D42

Amount of Each Receipt this Period
 500.00

C. Jean Smith
Full Name (Last, First, Middle Initial)

Mailing Address 439 Kimberly Dr

City Waukesha State WI Zip Code 53188-3319

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, UNDERWRITING RISK MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D107

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 571.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Jean Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 439 Kimberly Dr
 City Waukesha State WI Zip Code 53188-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, UNDERWRITING RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 04 / 30 / 2012
Transaction ID : 4302012-D100
 Amount of Each Receipt this Period 41.66

B. Karen Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8535 S Cathlynn Ct
 City Oak Creek State WI Zip Code 53154-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 13 / 2012
Transaction ID : 4132012-D118
 Amount of Each Receipt this Period 75.00

C. Karen Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8535 S Cathlynn Ct
 City Oak Creek State WI Zip Code 53154-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSURANT HEALTH Occupation VP, IT PMO & INTEGRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2012
Transaction ID : 4302012-D111
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Charles Steele
Full Name (Last, First, Middle Initial)

Mailing Address 931 Hawthorne Dr

City Delafield State WI Zip Code 53018-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D123

Amount of Each Receipt this Period
41.66

B. Charles Steele
Full Name (Last, First, Middle Initial)

Mailing Address 931 Hawthorne Dr

City Delafield State WI Zip Code 53018-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D116

Amount of Each Receipt this Period
41.66

C. Robert Stein
Full Name (Last, First, Middle Initial)

Mailing Address 39 W 94th St

City New York State NY Zip Code 10025-7113

FEC ID number of contributing federal political committee. **C**

Name of Employer Assurant Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : FCDDA09110D0D9E2BE7

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **5083.32**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Jack Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 133 Forty Love Pt

City Chapin	State SC	Zip Code 29036-8869
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY	Occupation VP, P&C CLAIMS
----------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D8

Amount of Each Receipt this Period

100.00

B. Jack Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 133 Forty Love Pt

City Chapin	State SC	Zip Code 29036-8869
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY	Occupation VP, P&C CLAIMS
----------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : 4302012-D8

Amount of Each Receipt this Period

100.00

C. Sheila Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 10255 67th Dr

City Forest Hills	State NY	Zip Code 11375-2887
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE	Occupation VP, EMPLOYEE BENEFITS
----------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **604.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 4132012-D71

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	283.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Sheila Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 10255 67th Dr

City Forest Hills State NY Zip Code 11375-2887

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, EMPLOYEE BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **604.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D65

Amount of Each Receipt this Period
83.33

B. Susan Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 259 N Prospect St

City Orange State CA Zip Code 92869-3421

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation BUS UNIT SYSTEMS ANALYST II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 4132012-D22

Amount of Each Receipt this Period
32.50

C. Susan Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 259 N Prospect St

City Orange State CA Zip Code 92869-3421

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECIALTY PROPERTY Occupation BUS UNIT SYSTEMS ANALYST II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 4302012-D21

Amount of Each Receipt this Period
32.50

SUBTOTAL of Receipts This Page (optional)..... **148.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kevin Tierney

Mailing Address 71 Hunts Point Rd

City State Zip Code
 Cape Elizabeth ME 04107-2931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT BENEFITS VP, UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D25

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Connie Turnipseed

Mailing Address 11803 E 47th Ter

City State Zip Code
 Kansas City MO 64133-2487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE SR PARALEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D66

Amount of Each Receipt this Period
 27.50

Full Name (Last, First, Middle Initial)
c. Thomas Vargo

Mailing Address 9704 N Virginia Ave

City State Zip Code
 Kansas City MO 64155-2198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT BENEFITS VP, DISABILITY & LIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : B271661CE4F73E49C24

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 527.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jayne Waggoner

Mailing Address 1505 Copperdale Dr

City State Zip Code
 Rapid City SD 57703-4793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE DIR, ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 04 / 13 / 2012
Transaction ID : 4132012-D85

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
B. Jayne Waggoner

Mailing Address 1505 Copperdale Dr

City State Zip Code
 Rapid City SD 57703-4793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE DIR, ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : 4302012-D78

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
C. Sylvia Wagner

Mailing Address 5417 NE Northgate Xing

City State Zip Code
 Lees Summit MO 64064-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ASSURANT CORPORATE EVP, HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 04 / 13 / 2012
Transaction ID : 4132012-D73

Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3090.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Gregory West		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 4132012-D124
Mailing Address 412 Lindale Dr		Amount of Each Receipt this Period 60.00
City Cedarburg State WI Zip Code 53012-9130	FEC ID number of contributing federal political committee. C	
Name of Employer ASSURANT HEALTH Occupation VP, DIRECT TO AGENT SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

Full Name (Last, First, Middle Initial) B. Gregory West		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : 4302012-D117
Mailing Address 412 Lindale Dr		Amount of Each Receipt this Period 60.00
City Cedarburg State WI Zip Code 53012-9130	FEC ID number of contributing federal political committee. C	
Name of Employer ASSURANT HEALTH Occupation VP, DIRECT TO AGENT SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

Full Name (Last, First, Middle Initial) C. Matthew Wieck		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 4132012-D109
Mailing Address 2028 N Hubbard St		Amount of Each Receipt this Period 62.50
City Milwaukee State WI Zip Code 53212-3340	FEC ID number of contributing federal political committee. C	
Name of Employer ASSURANT HEALTH Occupation VP, DIRECT MARKETS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional).....▶	182.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Matthew Wieck
Full Name (Last, First, Middle Initial)

Mailing Address 2028 N Hubbard St

City Milwaukee State WI Zip Code 53212-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT HEALTH Occupation VP, DIRECT MARKETS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D102

Amount of Each Receipt this Period
 62.50

B. Craig Yopp
Full Name (Last, First, Middle Initial)

Mailing Address 1388 141st St

City New Richmond State WI Zip Code 54017-6824

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, INVESTMENT ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 4132012-D74

Amount of Each Receipt this Period
 60.00

c. Craig Yopp
Full Name (Last, First, Middle Initial)

Mailing Address 1388 141st St

City New Richmond State WI Zip Code 54017-6824

FEC ID number of contributing federal political committee. **C**

Name of Employer ASSURANT CORPORATE Occupation VP, INVESTMENT ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 4302012-D67

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	182.50
TOTAL This Period (last page this line number only).....▶	32026.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Council of Life Insurers Political Action Committee

Mailing Address 101 Constitution Ave., NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
2012 Contribution

011

Candidate Name
American Council of Life Insurers Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : 5106364C1ADD56A03F7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Carper for Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
2012 General

011

Candidate Name
Thomas Richard Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: DE District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : F1FA2A7B888DC100112

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2012 General

011

Candidate Name
Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : 8E26EEBA35D491FB61A

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2012

Transaction ID : 2B2597EF190646EECF0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Majority Committee PAC--Mc PAC

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : BF9CC2FBC31E1D7DD07

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan for Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : 93A9F717C97960B1856

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

12500.00