

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003900 (5)
 1. Corporation Name
STUDENT CLAIMS ADMINISTRATORS, INC.



Principal Place of Business 1214 MAIN STREET ROCHESTER MI 48308-5004	Mailing Address 1214 MAIN STREET ROCHESTER MI 48307-1115
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2. Principal Place of Business 21 89 W. SOUTH BLVD. Suite, Apt. #, etc. 22 100 City & State 23 TROY, MI Zip 24 48098	2a. Mailing Address 26 89 W. SOUTH BLVD. Suite, Apt. #, etc. 27 100 City & State 28 TROY, MI Zip 29 48098	Country 25 OAKLAND Country 30 OAKLAND
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3. Date Incorporated or Qualified 07/31/1996	3a. Date of Last Report
4. FEI Number 38-3273782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and tick if applicable) (NOTE: If designated Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWMAN, WILLIAM D	
STREET ADDRESS	1214 MAIN STREET	
CITY-ST-ZIP	ROCHESTER MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEWMAN, MITCHELL L	
STREET ADDRESS	1214 MAIN STREET	
CITY-ST-ZIP	ROCHESTER MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOCIS, PATRICIA	
STREET ADDRESS	1214 MAIN STREET	
CITY-ST-ZIP	ROCHESTER MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	89 W. SOUTH BLVD., STE. 100
1.4 CITY-ST-ZIP	TROY, MI 48098
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	89 W. SOUTH BLVD., STE. 100
2.4 CITY-ST-ZIP	TROY, MI 48098
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	89 W. SOUTH BLVD., STE. 100
3.4 CITY-ST-ZIP	TROY, MI 48098
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William D. Newman* Mitchell L. Newman 4/30/97 (810)879-4040

CR2E034 (9/96)