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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

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

2. Principal Place of Business

21 89 W. SOUTH BLVD.

Suite, Apt. #, etc.

22 100

City & State

23 TROY, MI

Zip

24 48098

Country

25 OAKLAND

2a. Mailing Address

26 89 W. SOUTH BLVD.

Suite, Apt. #, etc.

27 100

City & State

28 TROY, MI

Zip

29 48098

Country

30 OAKLAND

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

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ 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

FL

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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NEWMAN, WILLIAM D

STREET ADDRESS 1214 MAIN STREET

CITY-ST-ZIP ROCHESTER MI

TITLE V ☐ DELETE

NAME NEWMAN, MITCHELL L

STREET ADDRESS 1214 MAIN STREET

CITY-ST-ZIP ROCHESTER MI

TITLE S ☐ DELETE

NAME KOCIS, PATRICIA

STREET ADDRESS 1214 MAIN STREET

CITY-ST-ZIP ROCHESTER MI

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

89 W. SOUTH BLVD., STE. 100
TROY, MI 48098

☒ Change ☐ Addition

89 W. SOUTH BLVD., STE. 100
TROY, MI 48098

☒ Change ☐ Addition

89 W. SOUTH BLVD., STE. 100
TROY, MI 48098

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Mitchell L. Newman 4/30/97 (810) 879-4040

CR2E034 (9/96)