

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Providence Property & Casualty Insurance Company
Name of Corporation

DOCUMENT NUMBER: F03000002494

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles J. Antonucci, Jr.
Name of Contact Person

Park Avenue Property & Casualty Insurance Co.
Firm/Company

460 Park Avenue, 13th Floor
Address

New York, NY 10022
City/State and Zip Code

antonuccij@hotmail.com
E-mail address: (to be used for future annual report notification).

For further information concerning this matter, please call:

Charles J. Antonucci, Jr. at (845) 625-8715
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F03000002494

(Document number of corporation (if known))

FILED
2009 OCT 13 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Providence Property & Casualty Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Oklahoma
(Incorporated under laws of)

3. 05/16/2003
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/24/2009

5. Park Avenue Property & Casualty Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)


6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Charles J. Antonucci, Jr.
(Typed or printed name of person signing)

Secretary
(Title of person signing)

STATE OF OKLAHOMA
Insurance Commissioner

KIM HOLLAND



OKLAHOMA INSURANCE DEPARTMENT
2401 N.W. 23rd St., Suite 28 • P.O. Box 53408
Oklahoma City, Oklahoma 73107-3408

I, KIM HOLLAND, Insurance Commissioner of the State of Oklahoma, do hereby certify that the following and hereto attached is a true copy of the

CERTIFICATE OF AUTHORITY

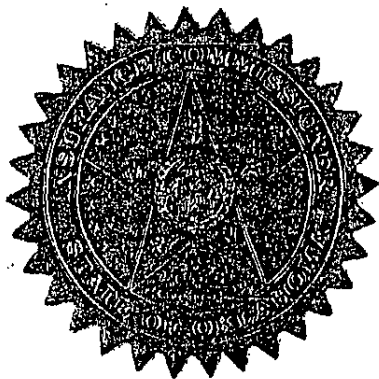
for

**PARK AVENUE PROPERTY & CASUALTY
INSURANCE COMPANY**

IN TESTIMONY WHEREOF, I have hereunto set my Hand and affixed the Official Seal of the Insurance Commissioner at the City of Oklahoma City, State of Oklahoma, this 24th day of March, 2009.

A handwritten signature in black ink, appearing to read "Kim Holland".

INSURANCE COMMISSIONER
Kim Holland

A handwritten signature in black ink, appearing to read "James Charles".
Financial Analyst
James Charles

Oklahoma License #: 2538
NAIC #: 28711

Oklahoma Insurance Department Insurance Commissioner



Oklahoma Insurance Department
2401 N.W. 23rd, Suite 28 - P.O. Box 53408
Oklahoma City, Oklahoma 73152-3408

Whereas, the Park Avenue Property & Casualty Insurance Company, a corporation organized under the laws of Oklahoma and located at 3555 N.W. 58th Street, Suite 200, Oklahoma City, OK 73112 having complied with the applicable laws of Oklahoma, is hereby licensed and authorized to transact the business of:

*Casualty
Casualty - Vehicle
Property
Workers Compensation*

This Certificate of Authority shall be perpetual and automatically renewed as of March 1st of every year, unless the company fails to qualify for renewal pursuant to the requirements of Title 36 of the Oklahoma Insurance Code.



IN TESTIMONY WHEREOF, I have hereunto set my Hand and affixed the Official Seal of the Insurance Commissioner at the City of Oklahoma City, State of Oklahoma, this 24th day of March 2009.


INSURANCE COMMISSIONER
KIM HOLLAND