



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy Number and Employer Name 20005754 THE OHIO STATE UNIVERSITY 1590 N HIGH ST STE 300 COLUMBUS, OH 43201-2190	Period Specified Below January 01, 2018 to January 01, 2019
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Sub(s):

- 20005754-004 OHIO STATE COOPERATIVE EXTENSION
- 20005754-003 THE OHIO STATE UNIV WEXNER EAST MED CTR
- 20005754-002 THE ARTHUR JAMES CANCER HOSP & SOLOVE RE
- 20005754-001 THE OHIO STATE UNIV WEXNER MED CTR

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in the Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Sincerely,

Sarah D. Morrison
Administrator/CEO