



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, 2017
to
January 01, 2018

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
- 20005754-000 THE OHIO STATE UNIVERSITY

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



BWC LU1205A01174830200



FINDING OF FACTS

In matter of the renewal application of
20005754
(hereinafter referred to as employer)
of

THE OHIO STATE UNIVERSITY

1590 N HIGH ST STE 300

COLUMBUS, OH 43201-2190

The above employer, having filed its desire to continue the privilege of self-insurance pursuant to the Workers' Compensation Law and Section 35, Article II Constitution of Ohio, and such renewal application and its contents having been carefully examined by the Bureau of Workers' Compensation, the administrator hereby grants the privilege of self-insurance to above the employer from:

January 01, 2017 to January 01, 2018

or until further action of the Bureau of Workers' Compensation

Sincerely,

Sarah D. Morrison, Administrator/CEO

BWCLJ1205A01174830300

