



**CERTIFICATE OF EMPLOYER'S  
RIGHT TO PAY COMPENSATION DIRECTLY**

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

Policy Number and Employer Name 20003119  ARCHDIOCESE OF CINCINNATI 100 E 8TH ST CINCINNATI, OH 45202-2129	Period Specified Below  February 1, 2019 to February 1, 2020
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This certifies that on date hereof the above named employer having met the requirements provided in 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-7201**  
**SI-1**

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