



**Bureau of Workers'
Compensation**

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jim Tressel, Lt. Governor Stephanie McCloud, Administrator/CEO

02/17/2026
Date Mailed

#BWNFVSQ
#XX10049158#

ARCHDIOCESE OF CINCINNATI
100 E 8TH ST
CINCINNATI OH 45202-2129

RE: Policy number: 20003119

Dear Self-Insuring Employer,

Attached is the *Certificate of Coverage and Finding of Facts* authorizing your company to continue operations under sections of Ohio law covering self-insured risks.

Please provide a copy of the *Certificate of Coverage* to each of your Ohio locations, and post it for all employees to view.

Thank you for your cooperation.

Sincerely,

David E. Boyd
Self-Insured Department Director



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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 April 1, 2026 to April 1, 2027
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Sub(s):

20003119-002 MCNICHOLAS HIGH SCHOOL

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,

Stephanie McCloud
Administrator/CEO

