## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)											OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
SECTION A – TYPE OF REPORT															
			С	ONSO	LIDATE	D REP	ORT								
		SECT	TON B	B – EMP	PLOYE	R IDEN									
OFS COMPANY ID															
P122391						Q	UEST [	DIAGNO	OSTICS	3					
ADDRESS CITY/TOWN STATE ZIP											ZIPCC	DDE			
500 PLAZA DRIVE SECAUCU									US			NJ 07094			
SECTION C - H	EADOU	JARTE	RS OR	ESTAE	BLISHN	AENT-I	EVEL	IDENT	IFICA	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
HEADQUARTERS OR ESTABLISHMI	QUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE								DDE						
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 161387862															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Linion Firstly, ID (LED): LICES PMILIES (2)															
Unique Entity ID (UEI): UC5SPMUJF8V3															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
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	SE	ECTION				DEMO		HC DA	TA						
							Race/E	thnicit	у						
Hispanic Not Hispanic or Latino															
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				Black or African American		Native Hawaiian or Other Pacific Islande	an or	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander		Two or More Races	Row
JOB CATEGORIES		<u>o</u>	as a	ck or Afric American	_	ajis Isl	American Indian Alaska Native	e R	ω	o Jeri	_	ajis Isl	American Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers	21	12	370	13	65	1	1	6	264	25	46	1	0	10	835
First/Mid-Level Officials and Managers	60	68	526	41	91	3	5	15	801	91	98	3	2	13	1817
Professionals	139	236	900	129	241	5	7	31	1541	415	355	7	10	60	4073
Technicians Sales Workers	290 40	619 77	1073 276	320 36	739 14	25 5	1	53 3	2833 456	781 44	1540 23	12 0	21 0	104 7	8417 982
Administrative Support Workers	164	397	414	151	67	5	4	15	1423	855	183	10	10	62	3760
Craft Workers	1	0	22	0	0	0	0	0	0	0	0	0	0	0	23
Operatives	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Laborers and Helpers Service Workers	0 1222	0 3724	0 2896	0 1311	0 829	0 46	0 23	0 113	0 8838	0 5709	0 1466	0 84	0 132	0 377	0 26770
CURRENT 2023 REPORTING YEAR TOTAL	1937	5133	6480	2001	2046	90	45	236	16157	7920	3711	117	175	633	46681
PRIOR 2022 REPORTING YEAR TOTAL	1921	5121	6773	2005	2089	95	42	268	16629	7946	3756	118	177	756	47696
		SECTION	NI-	WORK	FORCI	ESNAP	SHOT	PERIO	D						

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2023 - 12/31/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

# OFS COMPANY ID P122391 ADDRESS ADDRESS CITY/TOWN STATE SECAUCUS NJ 07094

## CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

### CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

# DATE OF CERTIFICATION 6/4/2024 9:16 AM [EST]

EMBLOVED'S CEDTIEVING OFFICIAL

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
Desyra Highsmith Holcomb	Director Inclusion & Diversity					
Email Address of Certifying Official	Telephone Number of Certifying Official					
desyra.a.highsmith@questdiagnostics.com	973-830-9910					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
Desyra Highsmith Holcomb	Director Inclusion & Diversity					
, ,	Quest Diagnostics					
Email Address of Primary POC	Telephone Number of Primary POC					
desyra.a.highsmith@questdiagnostics.com	973-830-9910					