

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
EM62868

EMPLOYER NAME

ONEMAIN GENERAL SERVICES

ADDRESS

601 NW SECOND STREET

CITY/TOWN

EVANSVILLE

STATE

IN

ZIP CODE

47708

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

461095755

SECTION E – EMPLOYER FILING ELIGIBILITY

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)

Unique Entity ID (UEI): Not Applicable

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

522291 - Consumer Lending

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	5	0	2	0	0	0	2	0	1	0	0	0	10
First/Mid-Level Officials and Managers	100	212	719	81	102	2	2	14	991	145	54	1	11	18	2452
Professionals	19	19	313	44	110	0	0	9	291	47	75	0	0	8	935
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	264	913	477	177	30	3	4	49	1637	581	64	14	38	104	4355
Administrative Support Workers	48	130	309	62	9	0	5	14	723	213	25	2	7	30	1577
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	431	1274	1823	364	253	5	11	86	3644	986	219	17	56	160	9329
PRIOR 2022 REPORTING YEAR TOTAL	424	1248	1888	348	233	3	10	75	3681	986	206	18	49	157	9326

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/2/2023 - 10/15/2023

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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EM62868

EMPLOYER NAME
ONEMAIN GENERAL SERVICES

ADDRESS
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CITY/TOWN
EVANSVILLE

STATE
IN

ZIP CODE
47708

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 6:02 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Allan Hendricks

Title of Certifying Official

Director, HR Operations

Email Address of Certifying Official

allan.hendricks@omf.com

Telephone Number of Certifying Official

812-468-5250

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Allan Hendricks

Title and Employer of Primary POC

Director, HR Operations
OneMain Financial

Email Address of Primary POC

allan.hendricks@omf.com

Telephone Number of Primary POC

812-468-5250