

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 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 | | Male | | | | Female | | | | 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 | 4 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 8 | | |
| First/Mid-Level Officials and Managers | 102 | 221 | 665 | 65 | 94 | 2 | 2 | 11 | 929 | 144 | 51 | 2 | 10 | 24 | 2322 | | |
| Professionals | 13 | 20 | 294 | 41 | 113 | 0 | 0 | 10 | 267 | 48 | 75 | 0 | 0 | 9 | 890 | | |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Sales Workers | 238 | 874 | 458 | 168 | 29 | 2 | 4 | 45 | 1507 | 543 | 67 | 14 | 34 | 98 | 4081 | | |
| Administrative Support Workers | 65 | 152 | 310 | 68 | 8 | 1 | 4 | 15 | 761 | 226 | 31 | 9 | 3 | 32 | 1685 | | |
| 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 2024 REPORTING YEAR TOTAL | 418 | 1267 | 1731 | 342 | 245 | 5 | 10 | 81 | 3468 | 981 | 225 | 25 | 47 | 183 | 8986 | | |
| PRIOR 2023 REPORTING YEAR TOTAL | 431 | 1274 | 1823 | 364 | 253 | 5 | 11 | 86 | 3644 | 986 | 219 | 17 | 56 | 160 | 9329 | | |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/14/2024 - 10/27/2024

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

Not Applicable

| | | | |
|---|--|--|-------------------|
| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 K – OFFICIAL CERTIFICATION OF SUBMISSION | | | |
| EMPLOYER IDENTIFICATION | | | |
| OFS COMPANY ID EM62868 | EMPLOYER NAME ONEMAIN GENERAL SERVICES | | |
| ADDRESS 601 NW SECOND STREET | CITY/TOWN EVANSVILLE | STATE IN | ZIP CODE 47708 |
| CERTIFICATION COMMENTS (optional) | | | |
| <p>No Certification Comments Provided</p> | | | |
| CERTIFICATION STATEMENT | | | |
| <p><i>"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."</i></p> <p>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</p> | | | |
| DATE OF CERTIFICATION | | | |
| 6/23/2025 6:38 PM [EST] | | | |
| EMPLOYER'S CERTIFYING OFFICIAL | | | |
| Name of Employer's Certifying Official Leandra Adye | Title of Certifying Official HRIS Analyst Int | | |
| Email Address of Certifying Official hris@omf.com | Telephone Number of Certifying Official 812-492-2439 | | |
| PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING | | | |
| Name of Primary POC Leandra Adye | Title and Employer of Primary POC HRIS Analyst Int OneMain Financial | | |
| Email Address of Primary POC hris@omf.com | Telephone Number of Primary POC 812-492-2439 | | |