

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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEID): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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	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	20	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	3466	961	225	25	47	163	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															

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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)			
No Certification Comments Provided			
CERTIFICATION STATEMENT			
<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> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>			
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	