U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION A - TYPE OF REPORT

CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID EMPLOYER NAME															
B468774 AJG_ROLLING MEADOWS_IL_4															
ADDRESS					CITY/TOWN					STATE ZIP CODE			DE		
2850 WEST GOLF ROAD						F	ROLLIN	IG MEA	ADOWS	3		IL		6000	8(
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)															
		SECTIO	ON F -	EMPL	0VFR		FLICI	RII ITY	v						
X YES (Employer Is Eligibl										NO LON	JCFD I	N BUS	INIESS		
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SE	CTION	F – FEI Uni	DEKAI ique En	L CONT tity ID (ITED:	OR DE	SIGNA:	TION (1	if applic	able)					
☐ YES (Single-Establishn	out Eur							مرماه المامية	out Eur		Endone	l Contro	atau)		
_	-	•				,									
☐ 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														
	CT			suranc					OD A						
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hier	nanic	l						-	atino					
	Hispanic or Latino				М	Not Hispanic or Latino Male					Fen	Female			
				_		Native Hawaiian or Other Pacific Islander	or	es		⊑		Native Hawaiian or Other Pacific Islander	or	es	
JOB CATEGORIES				Black or African American		ian	nerican Indian Alaska Native	Зас		Black or African American		ian ilan	nerican Indian Alaska Native	Зас	Row
JOB CATEGORIES	<u>0</u>	Female	te	ck or Afric American	E L	vaii c Is	Ind	ē	te e	Black or	an a	vaii c Is	Ind	ē	Total
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				ä		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Afri		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	4	0	85	0	6	0	0	0	35	0	2	0	0	0	132
First/Mid-Level Officials and Managers	77	156	938	36	60	0	2	14	1291	69	63	6	6	27	2745
Professionals	365 23	1002	2314	223 18	239	14 0	3	61	5589 8	727 4	370 2	28	12 0	156	11103
Technicians Sales Workers	131	305	131 2103	53	4 35	7	8	29	1398	66	46	7	6	23	197 4217
Administrative Support Workers	69	234	127	36	15	1	0	7	699	171	47	6	6	32	1450
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	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2022 REPORTING YEAR TOTAL	670	1701	5698	366	359	22	14	113	9020	1037	530	47	30	239	19846
PRIOR 2021 REPORTING YEAR TOTAL	579	1581	5193	285	283	26	11	77	8294	866	468	43	27	196	17929
SECTION I – WORKFORCE SNAPSHOT PERIOD															

11/1/2022 - 11/15/2022 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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CECTIONIA	OFFICIAL	CERTIFICATION OF CURA MICCION
SECTION K -	- OBBICTAL	. CERTIFICATION OF SURMISSION

EMPLOYER IDENTIFICATION							
OFS COMPANY ID	EMPLOYER NAME						
B468774	AJG_ROLLING MEADOWS_IL_4						
ADDRESS		CITY/TOWN	STATE	ZIP CODE			
2850 WEST GOLF ROAD		ROLLING MEADOWS	IL	60008			
B468774 ADDRI	ESS	EMPLOYER NAME AJG_ROLLING MEADOWS_IL_4 CITY/TOWN	STATE IL				

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 12/6/2023 12:12 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL					
Name of Employer's Certifying Official	Title of Certifying Official				
Stacey Fields	Global HR Compliance Leader				
Email Address of Certifying Official	Telephone Number of Certifying Official				
stacey_fields@ajg.com	630-228-6567				
PRIMARY POINT OF CONTACT (POC	FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Stacey Fields	Global HR Compliance Leader				
	Arthur J. Gallagher				
Email Address of Primary POC	Telephone Number of Primary POC				
stacey_fields@ajg.com	630-228-6567				