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																
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID		SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME														
0658055		EXELON CORPORATION														
ADDRESS CITY/TOWN									STATE ZIP CODE			DF				
												IL				
10 SOUTH DEARBORN STREET						CHICAGO									13	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISH	IENT-LEV	ENT-LEVEL ADDRESS				CITY/TOWN						STATE		ZIP CO	DE	
SECTION D _ EMDI OVED IDENTIFICATION NUMBED (EIN)																
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 233063219																
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)																
Unique Entity ID (UEI): L88PYU7THYW1																
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)																
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																
_ ' ' <u> </u>																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION																
551114 - Corporate, Subsidiary, and Regional Managing Offices																
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity																
			1													
Hispanic or Latino						Not Hispanic or Latino							'amala			
	Or La	atino		Male Female												
				⊆		و ق	ō	ĕ		۳		o bu	o d	ĕ		
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Two or More Races	Row	
OOD OATEOORIES	Φ	Female	te	Afr	Ę	vai c.ls	Ind Nat	<u>ə</u>	ţ	Black or an Amer	Ę	vai c Is	Ind Vat	<u>ə</u>	Total	
	Male	Ĕ	White	or ,	Asian	da Cifi	an I ca I	9	White	ack Ar	Asian	lav cifi	an I	Ş.		
	_	Ľ.	>	ck or Afric American	<	e F Pa	rica		>	Bla	⋖	e F Par	rica	<u> </u>		
				lae ,		itiv er	ner Ala	õ		fric		itiv er	ner Ala	Į.		
				ш		Native Hawaiian or Other Pacific Islander	Ar	≥		⋖		Native Hawaiian or Other Pacific Islander	Ā	≥		
Executive/Senior Level Officials and Managers	9	2	61	12	3	0	0	0	42	14	4	0	0	1	148	
First/Mid-Level Officials and Managers	135	55	1452	364	140	3	14	32	540	315	82	1	5	27	3165	
Professionals Technicians	251 56	165 11	2397 703	678 170	446 30	9	13 8	77 21	1051 57	728 30	222 5	8	6	53 2	6104 1093	
Sales Workers	0	0	1	0	0	0	0	0	0	8	0	0	0	0	9	
Administrative Support Workers	58	176	177	214	32	0	1	12	509	989	14	2	8	54	2246	
Craft Workers	436	3	3894	845	31	1	35	129	38	35	1	0	1	2	5451	
Operatives	37	2	171	108	2	3	2	6	14	11	1	0	0	1	358	
Laborers and Helpers Service Workers	61 0	1	223	110 2	0	0	0	11 0	14	5 1	0	0	0	0	427 6	
CURRENT 2022 REPORTING YEAR TOTA	1043	416	9080	2503	686	16	73	288	2266	2136	329	11	20	140	19007	
PRIOR COST PERCETING VETT TOTAL	4.400	F40	47207	2000	1000	27	104	507	4205	2257	445	40	22	200	24202	
PRIOR 2021 REPORTING YEAR TOTA		518	17367	2988	1009	27 7 CNIA D	124	507	4385	2257	445	18	23	206	31302	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/30/2022 - 12/31/2022

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

Not Applicable

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 K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID OFS CO

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 11/15/2023 12:21 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Robert Matthews	VP, Talent & Chief DEI Officer						
Email Address of Certifying Official	Telephone Number of Certifying Official						
robert.matthews@exeloncorp.com	443-7946926						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Robert Matthews	VP, Talent & Chief DEI Officer						
	Exelon Corporation						
Email Address of Primary POC	Telephone Number of Primary POC						
robert.matthews@exeloncorp.com	443-7946926						