U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									Expiration Date: 11/30/2026						
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
	FS COMPANY ID EMPLOYER NAME FYELON CORPORATION														
0658055 EXELON CORPORATION															
ADDRESS						CITY/TOWN					STATE		ZIP CO		
10 SOUTH DEARBORN STREET CHICAGO IL 60603)3							
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 CO	DE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 233063219															
SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligib										NO LON	NGER I	N BUSI	NESS		
Si	ECTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (if applica	able)					
			-			_88PYL									
☐ 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)															
									ments is	reuera	Contra	ictor)			
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
	Race/Ethnicity														
		anic	Not Hispanic o				ic or L	Latino Female							
		atino			IVI	ale					Fen	nale			
						- a	L.	s				- a	_	S	
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES		Φ	4	fric	_	aiia Isk	nerican Indian Alaska Native	e R		or eri	_	aiia Isk	nerican Indian Alaska Native	Ř	Total
	Male	Female	White	r A	Asian	awa	r z	lore	White	Sk.	Asian	awaific	드	<u>o</u>	Total
	2	Fel	>	ck or Afric American	Ϋ́	e H	icaı ıska	r N	>	Black or an Amer	ĕ	ac ac	icai Iska	≥ ≥	
				Black or African American		tive er F	ner Ala	0 0/		fric		tive er F	ner Ala	Õ	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	8 142	2 66	52 1500	13 382	3 148	0 4	0 15	0 37	39 561	15 344	90	2	4	30	137 3325
Professionals	301	182	2561	761	501	10	10	73	1079	835	254	6	8	63	6644
Technicians	74	11	738	188	35	0	5	29	58	36	8	0	0	2	1184
Sales Workers Administrative Support Workers	76	0 216	206	0 245	0 38	0	0	0 14	0 502	7 1100	0 31	3	0 8	60	8 2500
Craft Workers	482	5	3965	897	31	2	38	144	38	35	0	0	1	2	5640
Operatives	39	2	156	109	2	2	2	6	14	11	0	0	0	1	344
Laborers and Helpers Service Workers	49	0	171 1	81 1	0	0	0	7	14 1	1	0	0	0	0	329 5
CURRENT 2023 REPORTING YEAR TOTA		485	9351	2677	760	18	71	310	2306	2388	386	11	22	160	20116
				ı											
PRIOR 2022 REPORTING YEAR TOTA		416	9080	2503	686	16	73	288	2266	2136	329	11	20	140	19007
SECTION I – WORKFORCE SNAPSHOT PERIOD															

12/30/2023 - 12/31/2023

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

Not Applicable

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SECTION K _	OFFICIAL	CEDTIFIC	TIONOF	CHRMICCION

OFS COMPANY ID 0658055 ADDRESS ADDRESS CITY/TOWN STATE TO SOUTH DEARBORN STREET CHICAGO IL 60603

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 5/30/2024 3:54 PM [EST]

EMDLOVED'S CEL	PRIEWING OFFICIAL						
	RTIFYING 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	443-794-6926						
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	443-794-6926						