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

2025 EMI LOTER INFORMATION REFORT (EEO-T COMI ONENT 1)												Expiration Date: 11/30/2026			
			SECT	TION A	- TYP	E OF R	EPORT								
			C	ONSOL	LIDATE	D REP	ORT								
_		SECT	TION I	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
M501960					L/	ANDST	AR SYS	STEM F	HOLDIN	NGS INC	;				
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE
13410 SUTTON PAR	K DRIVE	SOUT	Ή				JACI	KSONV	/ILLE			FL		322	24
SECTION C -	HEADOL	JARTE	RS OR	ESTAB	BLISH	MENT-I	EVEL	IDENT	'IFICA'	TION (it	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	DRESS				C	TY/TOV	VN			STATE		ZIP CC	DDE
	OT OTT		T		******										
	SECTI	ON D -	- EMP		1DEN 061245	FIFICA	TION N	UMBE	K (EIN	1)					
		SECTIO	ON E -			FILING	FLIG	RILIT	V						
X YES (Employer Is Eligil			-		_					NO LON	ICED :	IN BIIC	INFCC		
				•							WEK.	птвоз	INESS		
S	ECTION					OR DE UNAVA			if applic	able)					
			_												
☐ YES (Single-Establish	ıment Emp	oloyer is	Federa	l Contra	ctor) 🔼	J YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
	4841	21 - Ge	eneral	Freight	Truckir	ng, Long	g-Distar	nce, Tru	uckload	i					
	SE	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E		•						
		anic					Not	Hispar	nic or L	atino					
	or L	atino		ı	IV	lale	1	ı			Fer	nale	1		
						- E	_	w				- E	_	w	
				a		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		än		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	or More Races	_
JOB CATEGORIES				Black or African American		iiai Sla	nerican Indian Alaska Native	Ra		Black or African American		iiai Sla	nerican Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	wa ic l	Na Sa) Le	White	Black or	Asian	wa ic l	S E	ore	Total
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				ä		lati	ğΨ	.8		Afr		lati	μĂ	Two	
						2 g	_	-				2 8	_	-	
Executive/Senior Level Officials and Managers	1	0	5	0	0	0	0	0	1	0	0	0	0	0	7
First/Mid-Level Officials and Managers	8	5	131	11	4	0	0	1	139	17	6	0	0	2	324
Professionals	9	2	87	12	9	0	0	5	39	9	17	0	0	1	190
Technicians Sales Workers	0	0	2 22	0	0	0	0	0	5	0	0	0	0	0	27
Administrative Support Workers	22	42	102	33	4	3	0	3	414	139	8	5	3	15	793
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Laborers and Helpers 0												7			
CURRENT 2023 REPORTING YEAR TOTA	L 5/	49	349	96	17	3	U	9	วษช	105	31	5	3	ıδ	1360
PRIOR 2022 REPORTING YEAR TOTA	L 52	48	356	49	17	3	0	7	601	170	32	5	2	21	1363
	;	SECTIO	ON I –			E SNAP		PERIO	D				•		•
SECTION	T TTTO A	DOFTAT	TED			2/15/20		TEL C)	NTC	·: 1\				

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

Not Applicable

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

OFS COMPANY ID M501960 ADDRESS ADDRES

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 5/28/2024 2:26 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Kara Svehla	HR Director of Comp and Ben
Email Address of Certifying Official	Telephone Number of Certifying Official
ksvehla@landstar.com	906-306-2494
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Kara Svehla	HR Director of Comp and Ben
	Landstar System Holdings, Inc.
Email Address of Primary POC	Telephone Number of Primary POC
ksvehla@landstar.com	906-306-2494

EEOC Standard Form 100 (SF 100)

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT											Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
			SECT	TION A	– TYPI	E OF R	EPORT											
			Н	EADQL	ARTE	RS REF	PORT											
		SECT	TON B	B – EM F	LOYE	R IDEN												
OFS COMPANY ID						NDOT		OYER N		100 1110								
M501960					L/	ANDST				IGS INC	;							
ADDRESS								TY/TOV				STATE		ZIP CO	DE			
13410 SUTTON PARK	DRIVE	SOUT	Ή				JACI	KSONV	ILLE			FL		3222	24			
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE								able)						
HQ/ESTABLISHMENT-LEVEL UNIT ID					•	•				Γ-LEVEL								
M501960	LANDSTAR SYSTEM HOLDINGS INC																	
HEADQUARTERS OR ESTABLISHME								TY/TOV				STATE		ZIP CO	DE			
13410 SUTTON PARK	DRIVE SOUTH JACKSONVILLE FL 3222												24					
	SECTI	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 061245498																
_		-		EMPL	-		_											
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ïle)	EMPL	OYER	NO LON	IGER I	IN BUS	NESS					
SEC	CTION			L CONT					if applic	able)								
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)					
X YES (H	Ieadqua	ters is I	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)					
		XY	ES (O	ne or Mo	ore Non	-Headqı	ıarters E	Establish	ments i	s Federa	l Contra	actor)						
	4841			NG-I Freight					ıckload									
				VORKE														
							Race/E	thnicit	у									
	Hisp						Not	Hispan	ic or L	atino								
	or La	atino			М	ale					Fer	nale						
JOB CATEGORIES	Male	Female	White	ick or African American	Asian	ve Hawaiian or Pacific Islander	erican Indian or Iaska Native	or More Races	White	Black or can American	Asian	ve Hawaiian or Pacific Islander rican Indian or aska Native or More Races						
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	Kacerchinicity														
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or La	atino			М	ale					Fen	nale			1
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	1	0	5	0	0	0	0	0	1	0	0	0	0	0	7
First/Mid-Level Officials and Managers	4	4	107	10	4	0	0	1	99	14	5	0	0	2	250
Professionals	8	2	78	12	9	0	0	5	37	9	17	0	0	1	178
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	22	0	0	0	0	0	4	0	0	0	0	0	26
Administrative Support Workers	14	26	84	30	4	2	0	3	260	127	5	3	2	11	571
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 2023 REPORTING YEAR TOTAL	27	32	298	52	17	2	0	9	401	150	27	3	2	14	1034
PRIOR 2022 REPORTING YEAR TOTAL	24	31	304	46	17	2	0	7	395	156	28	3	1	15	1029

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/15/2023

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

EEOC Standard Form 100 (SF 100)

Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

ESTABLISHMENT-LEVEL REPORT SECTION B – EMPLOYER IDENTIFICATION															
		SECT	TON B	- EMP	LOYE	R IDEN									
OFS COMPANY ID							EMPL	OYER N	AME						
M501960					LA	ANDSTA	AR SYS	STEM H	OLDIN	IGS INC					
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DF
13410 SUTTON PARK	DDIVE	COLIT	11					KSONV				FL			
														3222	24
SECTION C - H	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
KZ96651							Land	dstar Bl	lue						
HEADOUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADE	DRESS				CI	TY/TOW	VN			STATE		ZIP CC	DDE
13410 Sutton Pa	rk Drive	S						KSONV				FL		3222	
10410 0410111 4		<u> </u>													
	SECTI	ON D -	- EMPI	LOYER	IDENT 061245		TION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPLO	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	Пио	(Emple	over Is N	lot Eligi	ible to F	ile) 🔲	EMPL (OVER	NO LON	IGER I	N RUSI	NESS		
											· OLIV	11 2001	LILEDO		
SEC	CTION			L CONT				TION (i	if applic	able)					
_			-	tity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
484121 - General Freight Trucking, Long-Distance, Truckload															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino.					
	or L	atino			M	ale					Fen	nale			
						_						_			
				_		o de	ō	es		_		o de	ō	es	
				car		an	an	ac		g		an an	an Ve	ac	Row
JOB CATEGORIES		<u>o</u>	40	ck or Afric American	_	aiii Isl	digativ	8		or ieri	_	ls ≝i	ati	₽	Total
	Male	nal	White	Ā	Asian	# Fic	E Z	ore	White	χ₽	Asian	# Fic	트로	ō	
	Ž	Female	₹	i e	As	aci H	car	Σ	₹	Black or an Amer	As	aci H	ska	Σ	
		_		Black or African American		Native Hawaiian or Other Pacific Islande	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	
				ä		ati	ř.	WC		Afr		ati	ě	×	
						∠ 8	4	-				∠ 8	4	-	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0		0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	9	1	0	0	0	0	19
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	1	0	0	0	0	0	0	0	2	0	0	0	0	0	3
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 2023 REPORTING YEAR TOTAL	TOTAL 1 0 9 0 0 0 0 0 12 1 0 0 0 0 23														
PRIOR 2022 REPORTING YEAR TOTAL	2	0	8	0	0	0	0	0	13	2	0	0	0	0	25
		EFCTI	NI I	WODK	FODCI	CNIAD	CHOTI	DEDIO	<u> </u>						

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2023 - 12/15/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT

	ESTABLISHMENT-LEVEL REPORT												
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
M501960													
ADDRESS CITY/TOWN STATE ZIP CODE													
13410 SUTTON PA	13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE										
KZ96842 Landstar Transportation Logistics													
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
601 Vidal C	Cantu Road	LAREDO	TX	78045									

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

061245498

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): Not Applicable

- ☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)
 - - **YES** (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

484121 - General Freight Trucking, Long-Distance, Truckload

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	4	1	1	0	0	0	0	0	0	0	0	0	0	0	6
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	4	6	0	0	0	0	0	0	0	0	0	0	0	0	10
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7
CURRENT 2023 REPORTING YEAR TOTAL	26	7	1	0	0	0	0	0	0	0	0	0	0	0	34
PRIOR 2022 REPORTING YEAR TOTAL	25	6	1	0	0	0	0	0	1	0	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/15/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

Expiration Date: 11/30/2026												2026			
				TON A BLISHN				RT.							
		SECT	TON B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID							EMPL	OYER N	IAME						
M501960					L/	ANDSTA				IGS INC	2				
ADDRESS							CI	TY/TOV	VN			STATE		ZIP CC	DDE
13410 SUTTON PARK	DRIVE	SOUT	Н				JAC	SONV	/ILLE			FL		3222	24
SECTION C - HI	EADOU	ARTEI	RSOR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTEI	RS OR ES	STABLIS	SHMEN	Γ-LEVEL	NAME				
KZ96585						Landst	ar Tran	sportat	ion Log	gistics					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	EL ADD	RESS				CI	TY/TOV	VN			STATE		ZIP CC	DDE
1235 Nebo	Road						MAD	ISONV	/ILLE			KY		4243	31
	SECTI	ON D -	EMPI	LOYER	IDENT 061245		TION N	UMBE	R (EIN)	<u> </u>				
		SECTIO	ON E -	EMPL			ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	NGER I	N BUS	NESS		
SEG	CTION			L CONT				TION (if applic	able)					
— ************************************			-												
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (I	X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)														
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 484121 - General Freight Trucking, Long-Distance, Truckload															
				VORKF											
							Race/E	thnicit	y						
	Hisp						Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
				can		an or ander	an or ve	aces		ican		an or ander	an or ve	aces	Row
JOB CATEGORIES	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	Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	7	0	0	0	0	0	7
Craft Workers 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 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	8	0	0	0	0	0	8
PRIOR 2022 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	8	0	0	0	0	0	8

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/15/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT													
	SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME											
M501960 LANDSTAR SYSTEM HOLDINGS INC													
ADDRESS CITY/TOWN STATE ZIP CODE													
13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
A688456		LANDSTAR TRANS LOGISTICS INC											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													
1000 SIMPSON RD ROCKFORD IL 61102													
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 061245498												

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): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)
 - X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)
 - **X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

484121 - General Freight Trucking, Long-Distance, Truckload

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	11	1	0	0	0	0	29	0	1	0	0	0	42
Professionals	0	0	9	0	0	0	0	0	2	0	0	0	0	0	11
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	9	17	2	0	0	0	0	140	7	2	2	1	3	184
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 2023 REPORTING YEAR TOTAL	1	9	37	3	0	0	0	0	171	7	3	2	1	3	237
PRIOR 2022 REPORTING YEAR TOTAL	1	10	38	3	0	0	0	0	179	6	3	2	1	5	248

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/1/2023 - 12/15/2023

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

												Expir	ation Dat	e: 11/30/	2026
			SECT	TION A -	- TYPI	E OF RI	EPORT								
			ESTA	BLISHM	1ENT-l	LEVEL I	REPOR	T.							
		SECT	TON B	B – EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID		5201	20112		JU I L			OYER N	AME						
M501960					L/	ANDSTA	AR SYS	TEM H	IOLDIN	IGS INC	;				
							CI	TYTON	73.7			COT A TEXT	-	ZID CC	DE
ADDRESS								TY/TOW				STATE		ZIP CC	
13410 SUTTON PARK	DRIVE	SOUT	Н				JAC	KSONV	ILLE			FL		3222	24
SECTION C - HI	EADQU	ARTEI	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME				
KZ96723						Risk M	anagen	nent Cla	aim Se	rvices					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CC	DDE
13410 Sutton Par								SONV				FL		3222	
	SECTI	ON D –	EMPI	LOYER 0	IDENT 61245		IION N	UMBE	R (EIN)					
		SECTIO	ON E -	EMPL(YER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	ot Elig	ible to F	ile)	EMPL(OYER I	NO LON	IGER I	IN BUS	INESS		
SEC	CTION			L CONT				ΓΙΟN (i	f applic	able)					
	Unique Entity ID (UEI): Not Applicable VES (Single-Establishment Employer is Federal Contractor) X VES (Multi-Establishment Employer is Federal Contractor)														
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
X 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 484121 - General Freight Trucking, Long-Distance, Truckload															
	SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity														
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				a		Native Hawaiian or Other Pacific Islande	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	
JOB CATEGORIES		•		Black or African American		iiai	nerican Indian Alaska Native	æ		r ici		Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ಹಿ	Row
	Male	Female	White	ck or Afric American	Asian	ic Va	Na Na	ore.	White	Black or an Amer	Asian	ic Va	Na Na	J.	Total
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	2	0	0	0	0	6
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	1	0	0	0	0	0	0	5	5	1	0	0	0	18
Craft Workers 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 2023 REPORTING YEAR TOTAL	2	1	4	1	0	1	0	0	6	7	1	0	0	1	24
PRIOR 2022 REPORTING YEAR TOTAL	0	1	5	0	0	1	0	0	5	6	1	0	0	1	20
		SECTIO	DN I –	WORKI	FORCI	E SNAP	SHOT I	PERIO)	<u> </u>		1	I		1
						2/15/20									

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT-LEVEL\,\,COMMENTS}\,(optional)$