

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 9267933			EMPLOYER NAME INSURANCE SERVICES OFFICE INC												
ADDRESS 545 WASHINGTON BOULEVARD, FLOOR 22						CITY/TOWN JERSEY CITY				STATE NJ		ZIP CODE 07310			
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) 133131412															
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 (UEI): RFDZMGHEVVB9 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 524298 - All Other Insurance Related Activities															
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	1	0	44	0	16	0	0	1	16	1	6	0	0	0	85
First/Mid-Level Officials and Managers	7	8	166	8	37	0	1	2	82	9	19	0	0	3	342
Professionals	83	78	978	71	439	0	3	15	602	74	312	0	5	20	2680
Technicians	39	16	568	16	89	0	3	8	140	11	26	0	1	3	920
Sales Workers	5	4	92	4	2	0	0	1	43	4	1	0	0	1	157
Administrative Support Workers	13	33	40	5	3	0	0	1	118	20	11	0	0	5	249
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	148	139	1889	104	586	0	7	28	1001	119	375	0	6	32	4434
PRIOR 2023 REPORTING YEAR TOTAL	166	145	1960	101	573	0	7	30	1010	116	358	0	6	34	4506
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

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 K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID 9267933		EMPLOYER NAME INSURANCE SERVICES OFFICE INC		
ADDRESS 545 WASHINGTON BOULEVARD, FLOOR 22		CITY/TOWN JERSEY CITY	STATE NJ	ZIP CODE 07310
CERTIFICATION COMMENTS (optional)				
<p>Note: 171 employees were excluded from this report as per EEOC guidelines because they did not self-identify their race or ethnicity.</p>				
CERTIFICATION STATEMENT				
<p><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></p> <p><b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b></p>				
DATE OF CERTIFICATION				
6/4/2025 2:42 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Dianne Greene		Title of Certifying Official VP Inclusion & Culture		
Email Address of Certifying Official dianne.greene@verisk.com		Telephone Number of Certifying Official 862-400-2442		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Dianne Greene		Title and Employer of Primary POC VP Inclusion & Culture Verisk Analytics		
Email Address of Primary POC dianne.greene@verisk.com		Telephone Number of Primary POC 862-400-2442		