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	EMPLOYER NAME		
K067110	PRIMERICA		
ADDRESS	**CITY/TOWN**	**STATE**	**ZIP CODE**
1 PRIMERICA PARKWAY	DULUTH	GA	30099

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)
271204330

SECTION E – EMPLOYER FILING ELIGIBILITY
☒ **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) ☐ **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)

SECTION G – NAICS INFORMATION
524113 - Direct Life Insurance Carriers

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	0	0	10	0	0	0	0	0	3	1	1	0	0	0	15
First/Mid-Level Officials and Managers	17	15	130	30	5	0	0	0	161	72	22	0	0	0	452
Professionals	31	37	180	75	53	3	0	6	179	126	80	1	0	10	781
Technicians	1	1	6	5	0	0	0	1	2	1	0	0	0	0	17
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	55	126	154	100	18	3	1	11	294	360	46	1	2	34	1205
Craft Workers	0	1	2	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	5	0	12	1	1	0	0	0	0	1	0	0	0	0	20
Laborers and Helpers	1	0	4	3	0	0	0	0	3	0	0	0	0	0	11
Service Workers	0	0	4	5	0	0	0	2	3	3	0	0	0	0	17
CURRENT 2024 REPORTING YEAR TOTAL	110	180	502	220	77	6	1	20	645	564	149	2	2	44	2522
PRIOR 2023 REPORTING YEAR TOTAL	129	223	567	278	78	4	2	34	764	672	144	2	3	65	2965

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/1/2024 - 12/31/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME
K067110	PRIMERICA

ADDRESS	CITY/TOWN	STATE	ZIP CODE
1 PRIMERICA PARKWAY	DULUTH	GA	30099

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

6/24/2025 1:34 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
Amy Bessemer	SVP, Compensation, Payroll & HRIS
Email Address of Certifying Official	**Telephone Number of Certifying Official**
amy.bessemer@primerica.com	470-564-6159

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC	Title and Employer of Primary POC
Cat Yang	HRIS Analyst Primerica, Inc.
Email Address of Primary POC	**Telephone Number of Primary POC**
cat.yang@primerica.com	470-564-6814