

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															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID K067110			EMPLOYER NAME PRIMERICA												
ADDRESS 1 PRIMERICA PARKWAY						CITY/TOWN DULUTH				STATE GA		ZIP CODE 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 <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): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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	16	0	1	0	0	0	7	1	0	0	0	0	25
First/Mid-Level Officials and Managers	16	21	146	35	4	0	0	2	167	72	19	0	0	4	486
Professionals	30	30	187	73	47	2	0	8	196	129	73	0	0	10	785
Technicians	1	0	6	4	0	0	0	1	1	2	0	0	0	0	15
Sales Workers	18	46	58	39	1	0	2	7	60	80	6	0	0	19	336
Administrative Support Workers	48	127	175	112	13	0	2	10	332	349	41	3	2	23	1237
Craft Workers	0	1	2	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	5	0	11	1	1	0	0	0	0	2	0	0	0	0	20
Laborers and Helpers	1	1	4	4	0	0	0	0	3	0	0	0	0	0	13
Service Workers	0	0	2	6	0	0	0	1	3	3	0	0	0	1	16
CURRENT 2022 REPORTING YEAR TOTAL	119	226	607	275	67	2	4	29	769	638	139	3	2	57	2937
PRIOR 2021 REPORTING YEAR TOTAL	130	230	629	266	66	2	2	32	835	651	103	27	3	49	3025
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022															
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 K067110		EMPLOYER NAME PRIMERICA		
ADDRESS 1 PRIMERICA PARKWAY		CITY/TOWN DULUTH	STATE GA	ZIP CODE 30099
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <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> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 12/4/2023 10:07 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Amy Bessemer		Title of Certifying Official SVP, Compensation, Payroll & HRIS		
Email Address of Certifying Official amy.bessemer@primerica.com		Telephone Number of Certifying Official 470-564-6159		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Jerina Lewis		Title and Employer of Primary POC HRIS Analyst Primerica, Inc.		
Email Address of Primary POC jerina.lewis@primerica.com		Telephone Number of Primary POC 470-564-5124		