## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 08/31/2024					
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B - EMPLOYER IDENTIFICATION															
OFS COMPANY ID		EMPLOYER NAME													
GY12955 NCL CORPORATION LTD.															
ADDRESS						CITY/TOWN						STATE ZIP CODE			
7665 NORTHWEST 19TH STREET						MIAMI						FL 33126			26
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISH	ENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP			DE
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)															
200470163															
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) <u>Unique Entity ID (UEI)</u> : Not Applicable															
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
<del>-</del>															
☐ 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															
483112 - Deep Sea Passenger Transportation															
SECTION H – WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity															
	Llies	i-								atin a					
Hispanic or Latino						Not Hispanic or Latino  Male F						emale			
or Education I minute															
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IOD CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	a a	<u>e</u>	Q)	ck or Afric American	_	/aii	ndi Jati	e F	ø	o ner	_	/aii	ndi Iati	e F	Total
	Male	Female	White	or / Ieri	Asian	da da	an I	Mor	White	Black or an Amer	Asian	lav cific	an I	Mor	
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Executive/Senior Level Officials and Managers	14	7	39	3	1	0	0	1	16	1	2	1	0	0	85
First/Mid-Level Officials and Managers	152	148	169	12	16	0	0	3	131	11	12	0	1	0	655
Professionals	222	211	158	34	41	0	1	4	128	39	31	1	1	1	872
Technicians Sales Workers	13 366	375	12 235	3 136	15 15	2	2	0 16	482	0 411	21	3	6	0 24	47 2094
Administrative Support Workers	135	373	61	23	3	0	0	2	179	128	16	3	1	9	933
Craft Workers	3	0	5	6	11	0	0	0	0	0	0	0	0	0	25
Operatives  Laborers and Helpers	17	1	9	12 13	10 14	2	1	1	7	6 1	2	0	0	1	78 46
Service Workers	128	62	127	75	76	7	2	9	83	54	26	4	3	10	666
CURRENT 2022 REPORTING YEAR TOTA	L 1051	1180	837	317	202	11	6	36	1028	651	113	12	12	45	5501
PRIOR 2021 REPORTING YEAR TOTA	793	834	670	242	207	12	2	24	752	287	90	12	11	14	3950
PRIOR 2021 REPORTING TEAR TOTAL	-			WORK						201	30	12	- ' '	144	3930
10/10/2022 - 10/23/2022															

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

Not Applicable

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#### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

# OFS COMPANY ID GY12955 ADDRESS ADDRESS T665 NORTHWEST 19TH STREET EMPLOYER IDENTIFICATION EMPLOYER NAME NCL CORPORATION LTD. STATE ZIP CODE MIAMI FL 33126

## 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 12/5/2023 5:18 PM [EST]

12/3/2020 5.10 1 III [2:01]							
EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Michelle Hicks	Sr Director, Corporate HR Business Partner						
Email Address of Certifying Official	Telephone Number of Certifying Official						
mhicks@nclcorp.com	305-436-4796						
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Michelle Hicks	Sr Director, Corporate HR Business Partner						
	Norwegian Cruise Line Holdings						
Email Address of Primary POC	Telephone Number of Primary POC						
mhicks@nclcorp.com	305-436-4796						