U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 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

									Expiration Date: 11/30/2026							
SECTION A – TYPE OF REPORT																
			C	ONSOL	LIDATE	D REP	ORT									
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION								
OFS COMPANY ID	SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME															
GY12955	NCL CORPORATION LTD.															
ADDRESS						CITY/TOWN STATE ZIP CODE										
7665 NORTHWEST 19TH STREET						MIAMI						FL				
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)																
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
HEADQUARTERS OR ESTABLISHN	ENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP C			DE	
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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)																
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																
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Executive/Senior Level Officials and Managers	15	7	47	3	1	0	0	1	13	1	2	4	0	0	91	
First/Mid-Level Officials and Managers	152	154	158	13	13	0	0	3	143	16	12	0	1	0	665	
Professionals	280	215	160	39	53	0	1	3	135	47	40	1	2	2	978	
Technicians	5	2	7	2	14	0	0	0	2	0	0	0	0	0	32	
Sales Workers	399	372	229	130	13	0	2	11	419	273	19	2	4	16	1889	
Administrative Support Workers	137	402	71	28	4	1	0	4	207	153	15	3	2	8	1035	
Craft Workers Operatives	14	0 2	7	3	10 13	0	0	0	1	4 5	0	0	0	0	29 50	
Laborers and Helpers	2	0	7	7	8	0	1	0	0	1	2	0	0	0	28	
Service Workers	188	74	166	146	102	4	3	9	114	145	34	5	1	10	1001	
CURRENT 2023 REPORTING YEAR TOTAL	1193	1228	863	374	231	5	8	32	1036	645	125	12	10	36	5798	
The state of the s										0						
PRIOR 2022 REPORTING YEAR TOTAL	1051	1180	837	317	202	11	6	36	1028	651	113	12	12	45	5501	
. MON LULL MET OM TIMO TEAM TOTAL						1	1									

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/9/2023 - 10/22/2023

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 GY12955 NCL CORPORATION LTD. CITY/TOWN ADDRESS STATE ZIP CODE 7665 NORTHWEST 19TH STREET MIAMI 33126 FL

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 6/4/2024 6:55 PM [EST]

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EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Michelle Hicks	Sr Director, Corporate HRBP						
Email Address of Certifying Official	Telephone Number of Certifying Official						
mhicks@nclcorp.com	305-436-4796						
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Michelle Hicks	Sr Director, Corporate HRBP						
	Norwegian Cruise Line Holdings						
Email Address of Primary POC	Telephone Number of Primary POC						
mhicks@nclcorp.com	305-436-4796						