U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 11/30/2026						
SECTION A - TYPE OF REPORT																
			С	ONSOL	IDATE	D REP	ORT									
		SECT	TON B	- EMP	LOYE	R IDEN										
OFS COMPANY ID	EMPLOYER NAME															
GY12955						NCI	CORF	PORAT	ION LT	D.						
ADDRESS						CITY/TOWN						STATE ZIP CODE			DE	
7665 NORTHWEST 19TH STREET						MIAMI						FL	33126			
SECTION C - H	FADOL	ARTEI	RSOR	ESTAR	LISHN	SHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME HQ/ESTABLISHMENT-LEVEL UNIT ID																
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	SECTI	ON D -	EMPI	LOYER			TION N	UMBE	R (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)																
<u> </u>																
YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G – NAICS INFORMATION 483112 - Deep Sea Passenger Transportation																
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		201101	111 /	OKIKI	ORCL		Race/E									
	Hispanic or Latino				Not Hispanic or Latino											
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				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 Islande	American Indian or Alaska Native	Two or More Races	Row	
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Executive/Senior Level Officials and Managers	18	10	55	3	2	0	0	0	23	1	2	0	0	0	114	
First/Mid-Level Officials and Managers Professionals	184 278	212 240	199 158	20 44	19 57	0	2	0	163 144	31 51	21 40	0	3	0	851 1018	
Technicians	8	0	7	6	17	0	0	0	8	0	0	0	0	0	46	
Sales Workers	396	341	217	141	10	1	4	0	363	261	19	3	4	0	1760	
Administrative Support Workers	127	374	76	32	6	0	0	0	243	142	15	3	3	0	1021	
Craft Workers Operatives	2 15	3	4 11	5 5	13 20	0	0	0	1	1 5	0	0	0	0	28 61	
Laborers and Helpers	3	0	9	5	7	0	0	0	0	0	2	0	0	0	26	
Service Workers	232	85	204	202	97	7	5	21	152	180	34	3	4	14	1240	
CURRENT 2024 REPORTING YEAR TOTAL	1263	1265	940	463	248	8	13	22	1098	672	134	10	15	14	6165	
PRIOR 2023 REPORTING YEAR TOTAL	1193	1228	863	374	231 EOD CI	5	8	32	1036	645	125	12	10	36	5798	
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12/2/2024 - 12/15/2024

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 GY12955 NCL CORPORATION LTD. CITY/TOWN ADDRESS STATE ZIP CODE 7665 NORTHWEST 19TH STREET 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 6/24/2025 6:32 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Jamieka Chaisuesomboon	Manager, PX Business Partner						
Email Address of Certifying Official	Telephone Number of Certifying Official						
jchaisuesomboon@ncl.com	305-436-4460						
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC						
Jamieka Chaisuesomboon	Manager, PX Business Partner						
	Norwegian Cruise Line Holdings						
Email Address of Primary POC	Telephone Number of Primary POC						
	305-436-4460						