

**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
0658055

EMPLOYER NAME
EXELON CORPORATION

ADDRESS
10 SOUTH DEARBORN STREET

CITY/TOWN
CHICAGO

STATE
IL

ZIP CODE
60603

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)
233063219

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): **L88PYU7THYW1**

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

551114 - Corporate, Subsidiary, and Regional Managing Offices

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	7	3	45	12	4	0	1	0	38	16	3	0	1	1	131
First/Mid-Level Officials and Managers	125	57	1435	366	148	3	16	40	548	324	88	1	3	32	3186
Professionals	324	207	2539	841	529	10	7	82	1060	896	283	8	8	75	6869
Technicians	86	11	733	200	36	0	6	32	64	35	8	0	0	3	1214
Sales Workers	0	0	1	0	0	0	0	0	0	2	0	0	0	0	3
Administrative Support Workers	64	203	166	211	40	0	1	8	458	1032	43	2	6	51	2285
Craft Workers	512	6	3960	884	35	0	38	153	38	39	0	0	1	2	5668
Operatives	49	2	159	107	2	2	0	8	12	10	0	0	0	1	352
Laborers and Helpers	43	0	161	88	3	0	0	7	14	7	0	0	0	1	324
Service Workers	0	1	1	1	0	0	0	0	1	1	0	0	0	0	5
CURRENT 2024 REPORTING YEAR TOTAL	1210	490	9200	2710	797	15	69	330	2233	2362	425	11	19	166	20037
PRIOR 2023 REPORTING YEAR TOTAL	1171	485	9351	2677	760	18	71	310	2306	2388	386	11	22	160	20116

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/30/2024 - 12/31/2024

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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EMPLOYER NAME
EXELON CORPORATION

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CITY/TOWN
CHICAGO

STATE
IL

ZIP CODE
60603

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

6/19/2025 11:49 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Marvin Mendoza

Title of Certifying Official

VP, Talent, Learning and DEI

Email Address of Certifying Official

Marvin.Mendoza@exeloncorp.com

Telephone Number of Certifying Official

303-501-4302

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

Name of Primary POC

Marvin Mendoza

Title and Employer of Primary POC

**VP, Talent, Learning and DEI
Exelon Corporation**

Email Address of Primary POC

Marvin.Mendoza@exeloncorp.com

Telephone Number of Primary POC

303-501-4302