

**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

**SECTION A – TYPE OF REPORT**  
CONSOLIDATED REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
9267933

EMPLOYER NAME

INSURANCE SERVICES OFFICE INC

ADDRESS

545 WASHINGTON BOULEVARD, FLOOR 22

CITY/TOWN

JERSEY CITY

STATE

NJ

ZIP CODE

07310

**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)**

133131412

**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): RFDZMGHEVVB9

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**

524298 - All Other Insurance Related Activities

**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	1	1	42	0	12	0	0	2	16	1	5	0	0	0	80
First/Mid-Level Officials and Managers	8	7	194	5	37	0	1	4	89	9	21	0	0	3	378
Professionals	95	81	1011	69	428	0	3	17	601	74	291	0	6	19	2695
Technicians	42	17	575	16	91	0	3	5	132	9	28	0	0	4	922
Sales Workers	4	3	94	4	2	0	0	1	36	2	0	0	0	1	147
Administrative Support Workers	16	36	41	7	3	0	0	1	135	21	13	0	0	7	280
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	166	145	1960	101	573	0	7	30	1010	116	358	0	6	34	4506
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	191	174	2326	118	595	0	7	44	1136	132	353	0	4	42	5122

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12/16/2023 - 12/31/2023

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

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**CERTIFICATION COMMENTS (optional)**

Note: 138 employees were excluded from this report as per EEOC guidelines because they did not self-identify their race or ethnicity.

**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**

5/21/2024 3:29 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Dianne A. Greene

Title of Certifying Official

V.P. Diversity & Inclusion

Email Address of Certifying Official

dianne.greene@verisk.com

Telephone Number of Certifying Official

862-400-2442

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

Name of Primary POC

Dianne A. Greene

Title and Employer of Primary POC

V.P. Diversity & Inclusion  
DE&I

Email Address of Primary POC

dianne.greene@verisk.com

Telephone Number of Primary POC

862-400-2442