

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 7370698				EMPLOYER NAME CME GROUP											
ADDRESS 20 SOUTH WACKER DRIVE						CITY/TOWN CHICAGO				STATE IL		ZIP CODE 60606			
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) 364459170															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 523210 - Securities and Commodity Exchanges															
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	0	0	12	0	2	0	0	0	9	0	0	0	0	0	23
First/Mid-Level Officials and Managers	27	12	447	12	123	1	0	8	194	16	63	0	0	3	906
Professionals	49	21	343	23	273	1	1	16	127	20	151	1	0	3	1029
Technicians	1	0	3	0	1	0	0	0	0	0	0	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	16	16	55	19	31	0	0	3	49	24	11	0	0	3	227
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	6	0	5	10	0	0	0	0	1	1	0	0	0	0	23
CURRENT 2024 REPORTING YEAR TOTAL	99	49	869	64	430	2	1	27	380	62	225	1	0	9	2218
PRIOR 2023 REPORTING YEAR TOTAL	97	50	858	61	413	2	1	22	393	59	218	1	1	8	2184
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/19/2024															
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 7370698	EMPLOYER NAME CME GROUP		
ADDRESS 20 SOUTH WACKER DRIVE	CITY/TOWN CHICAGO	STATE IL	ZIP CODE 60606
CERTIFICATION COMMENTS (optional)			
In 2024 we formally closed 550 W. Washington office in Chicago and employees moved to 20 S. Wacker office.			
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 6/10/2025 11:25 AM [EST]			
EMPLOYER’S CERTIFYING OFFICIAL			
Name of Employer’s Certifying Official [REDACTED]	Title of Certifying Official [REDACTED]		
Email Address of Certifying Official [REDACTED]	Telephone Number of Certifying Official [REDACTED]		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING			
Name of Primary POC [REDACTED]	Title and Employer of Primary POC [REDACTED] [REDACTED]		
Email Address of Primary POC [REDACTED]	Telephone Number of Primary POC [REDACTED]		