

**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
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

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

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	7	0	2	0	0	0	8	0	0	0	0	0	17
First/Mid-Level Officials and Managers	24	11	446	8	115	1	0	7	194	15	61	0	1	2	885
Professionals	51	23	339	25	270	1	1	13	132	21	142	1	0	4	1023
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	15	16	54	19	25	0	0	2	58	22	15	0	0	2	228
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	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	6	0	5	9	0	0	0	0	1	1	0	0	0	0	22
CURRENT 2023 REPORTING YEAR TOTAL	97	50	858	61	413	2	1	22	393	59	218	1	1	8	2184
PRIOR 2022 REPORTING YEAR TOTAL	106	52	912	74	399	2	2	21	415	64	210	1	0	6	2264

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/8/2023 - 10/21/2023

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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7370698

EMPLOYER NAME
CME GROUP

ADDRESS

20 SOUTH WACKER DRIVE

CITY/TOWN

CHICAGO

STATE

IL

ZIP CODE

60606

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

5/30/2024 12:46 PM [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]

Email Address of Primary POC

[REDACTED]

Telephone Number of Primary POC

[REDACTED]