U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

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SECTION A – TYPE OF REPORT															
CONSOLIDATED REPORT SECTION B – EMPLOYER IDENTIFICATION															
OFC COMPANY ID		SECT	TON B	– ЕМР	LOYE	R IDEN			ANG						
OFS COMPANY ID M501960		EMPLOYER NAME LANDSTAR SYSTEM HOLDINGS INC													
ADDRESS	ADDRESS CITY/TOWN									STATE ZIP CODE			DE		
13410 SUTTON PARK DRIVE SOUTH						JACKSONVILLE						FL 32224		24	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID															
HEADQUARTERS OR ESTABLISHMI	ENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CODE			DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 061245498															
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): UNAVAILABLE															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION 484121 - General Freight Trucking, Long-Distance, Truckload															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
Hispanic Not Hispanic or Latino or Latino Male Female															
	Or La	atino			IVI	ale					Fen	naie			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1 10	0	5 131	0 10	3	0	0	0	1 144	0 15	7	0	0	2	7 327
Professionals	8	3	92	11	11	0	0	4	36	6	17	0	0	2	190
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	24	0	0	0	0	0	6	0	0	0	0	0	30
Administrative Support Workers	17	41	102	28	3	3	0	2	414	149	8	5	2	17	791
Craft Workers Operatives	9	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7
CURRENT 2022 REPORTING YEAR TOTAL	52	48	356	49	17	3	0	7	601	170	32	5	2	21	1363
PRIOR 2021 REPORTING YEAR TOTAL	50	45	357	49	16	3	0	8	577	154	33	2	3	14	1311
)22 - 1	2/15/20	22								
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID M501960 ADDRESS ADDRESS CITY/TOWN THE STATE SIP CODE ASSET TO STATE SIP CODE

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 11/27/2023 9:45 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Kara Svehla	HR Director						
Email Address of Certifying Official	Telephone Number of Certifying Official						
ksvehla@landstar.com	904-306-2494						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Kara Svehla	HR Director						
	Landstar System Holdings, Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
ksvehla@landstar.com	904-306-2494						