

**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
SINGLE-ESTABLISHMENT FILER REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID KH58912	EMPLOYER NAME Progy Inc			
ADDRESS 1359 BROADWAY, 2nd floor	CITY/TOWN NEW YORK	STATE NY	ZIP CODE 10018	

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)
272220139

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): CDSRQLT9HUB9

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

524292 - Pharmacy Benefit Management and Other Third Party Administration of Insurance and Pension Funds

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	0	0	0	3	15	1	3	0	0	0	34
First/Mid-Level Officials and Managers	1	9	25	3	7	0	0	2	56	5	10	0	0	8	126
Professionals	8	54	44	9	25	0	1	2	158	67	48	0	1	9	426
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	6	8	1	1	0	0	0	44	3	2	0	0	3	68
Administrative Support Workers	0	2	1	0	1	0	0	0	0	1	2	0	0	0	7
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	9	71	90	13	34	0	1	7	273	77	65	0	1	20	661
PRIOR 2023 REPORTING YEAR TOTAL	8	57	63	8	27	0	0	8	245	70	53	0	1	29	569

SECTION I – WORKFORCE SNAPSHOT PERIOD
11/1/2024 - 11/15/2024

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
KH58912

EMPLOYER NAME
Progyny Inc

ADDRESS

1359 BROADWAY, 2nd floor

CITY/TOWN

NEW YORK

STATE

NY

ZIP CODE

10018

CERTIFICATION COMMENTS (optional)

We are a growth stage company. We expect to see similar headcount increases this year, which will be reflected in our next filing.

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

6/24/2025 4:17 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Cynthia McEwen

Title of Certifying Official

VP, People

Email Address of Certifying Official

cynthia.mcewen@progyny.com

Telephone Number of Certifying Official

347-534-1312

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

Name of Primary POC

Cynthia McEwen

Title and Employer of Primary POC

VP, People
Progyny, Inc.

Email Address of Primary POC

cynthia.mcewen@progyny.com

Telephone Number of Primary POC

347-534-1312