

**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  
Expiration Date: 08/31/2024

**SECTION A – TYPE OF REPORT**  
SINGLE ESTABLISHMENT REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID KH58912	EMPLOYER NAME Progyny, 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): 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**

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	5	0	0	0	0	2	5	0	1	0	0	1	14
First/Mid-Level Officials and Managers	1	5	22	1	4	0	0	3	28	9	13	0	0	3	89
Professionals	6	29	16	2	11	0	0	2	95	29	21	0	0	14	225
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	1	1	0	0	0	15	3	1	0	0	4	30
Administrative Support Workers	1	4	1	1	0	0	0	0	6	4	3	0	0	2	22
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
<b>CURRENT 2022 REPORTING YEAR TOTAL</b>	<b>8</b>	<b>38</b>	<b>49</b>	<b>5</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>149</b>	<b>45</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>380</b>
<b>PRIOR 2021 REPORTING YEAR TOTAL</b>	<b>4</b>	<b>22</b>	<b>45</b>	<b>5</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>114</b>	<b>35</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>293</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
11/1/2022 - 11/15/2022

**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 fast-growing company. We expect to see the same increase this year which will reflect 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**

11/26/2023 5:21 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Tahsine Omar

Title of Certifying Official

People Analytics Associate

Email Address of Certifying Official

tahsine.omar@progyny.com

Telephone Number of Certifying Official

347-249-5070

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

Name of Primary POC

Tahsine Omar

Title and Employer of Primary POC

People Analytics Associate  
Progyny, Inc

Email Address of Primary POC

tahsine.omar@progyny.com

Telephone Number of Primary POC

347-249-5070