

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. **A substitute or alternate version of this report will not be accepted or processed.**

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one): Single-Establishment—firm conducts business from a single location
 Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
 Branch Office/Other (**required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data**)—contains employment data for a specific location; a separate branch office/other report must be filed for **each** location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm _____ 2

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) _____
 Molina Healthcare, Inc
- Street Address: _____
 200 Oceangate, Suite 100
- City, State and Zip Code: _____
 Long Beach, CA 90802
- 2) Name of Branch Office/ Other location for which this form is filed: _____
 Molina Healthcare of Kentucky
- Street Address: _____
 312 S. Fourth Street, Suite 700
- City, State and Zip Code: _____
 Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. **Be specific**, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Serve as offices for Molina Healthcare of Kentucky while it pursues a Kentucky Medicaid managed care Contract.

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one): County? City? Metropolitan Statistical Area? State? Nationwide?
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): State of Kentucky and aligned regional areas.
- 2) Does the firm have a current Affirmative Action Plan? (check one) Yes No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one) Yes No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review. Yes No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation. Yes No

SECTION V. WORKFORCE DATA: Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. **Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.**

WORKFORCE DATA/NUMBER OF EMPLOYEES														
Job Categories	Race/Ethnicity													
	Male						Female						Total (A - N)	
	A	B	C	D	E	F	G	H	I	J	K	L		M
White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	
Officials and Managers (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals (2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers (4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Office, Clerical and Administrative Support (5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers (6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives (7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers (8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers (9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total (1 - 9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total from Previous Report	1	0	0	0	0	0	2	0	0	1	0	0	0	4

SECTION VI. DATA COLLECTION

- 1) How was employment data in Section V obtained? (check one): Visual Survey Payroll Other (specify): _____
(Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: _____ to _____
 OR
 b) If payroll is indicated, enter the date of payroll used for Section V: _____
 OR
 c) If another method is indicated, enter the time period used for Section V: _____ to _____
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one): Yes No
- 3) Does the firm normally hire additional employees to perform contract work (check one)? Yes No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 10,000
- 5) Does the company have any Kentucky locations? (check one) Yes No If the response is "Yes," indicate how many 1
- 6) Does the company file a federal EEO-1 report? (check one) Yes No

SECTION VII. CERTIFICATION

Name of Person to Contact Regarding this Report Veronica Flook			Title Assoc. Vice President, Compensation & HR Analytics	
Mailing Address 200 Oceangate, Suite 100				
City Long Beach	State CA	Zip Code 90802	Telephone Number 888-562-5442	Fax Number 562-499-0634
E-mail Address Veronica.Flook@MolinaHealthcare.com				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Veronica Flook – Assoc. Vice President, Compensation & HR Analytics

Print Name and Title of Certifying Official

4/30/2020
Date


Signature of Certifying Official **(must be an official or manager; refer to the Instructions)**

For Official Use Only (Minority/ Female Employment Utilization):

Initials: _____ **Review Date:** _____