

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 CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID GY97711				EMPLOYER NAME MSCI											
ADDRESS 250 GREENWICH STREET, 49TH FLOOR						CITY/TOWN NEW YORK				STATE NY		ZIP CODE 10007			
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) 134038723															
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): J7T3YJRS6PP9 ☐ 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 523940 - Portfolio Management and Investment Advice															
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	6	1	35	2	9	0	0	0	17	0	7	0	0	2	79
First/Mid-Level Officials and Managers	31	17	180	12	87	1	1	12	83	4	44	0	0	0	472
Professionals	7	7	18	2	26	0	0	4	12	2	17	0	0	4	99
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	7	3	10	2	2	0	0	2	11	1	3	0	0	0	41
Administrative Support Workers	0	13	0	0	0	0	0	0	3	4	0	0	0	0	20
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	51	41	243	18	124	1	1	18	126	11	71	0	0	6	711
PRIOR 2023 REPORTING YEAR TOTAL	46	40	246	18	130	1	1	20	132	10	72	0	0	6	722
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2024 - 12/31/2024															
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 GY97711		EMPLOYER NAME MSCI		
ADDRESS 250 GREENWICH STREET, 49TH FLOOR		CITY/TOWN NEW YORK	STATE NY	ZIP CODE 10007
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 6/20/2025 9:07 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official David Wayne		Title of Certifying Official Executive Director		
Email Address of Certifying Official david.wayne@msci.com		Telephone Number of Certifying Official 610-504-7459		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Latika Dhonde		Title and Employer of Primary POC Vice President MSCI		
Email Address of Primary POC latika.dhonde@msci.com		Telephone Number of Primary POC 610-504-7459		