# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									Expiration Date: 11/30/2026						
SECTION A - TYPE OF REPORT															
CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION  OFS COMPANY ID  EMPLOYER NAME															
7535981	LENNOX INTERNATIONAL INC														
ADDRESS CITY/TOWN STATE ZIP CODE															
2140 LAKE PARK BLVD RICHARDSON TX 75080															
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADOUARTERS OR ESTABLISHM	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE								DE						
THE DESCRIPTION OF LOT INDIGNIBLATIVE PROPERTY OF THE PROPERTY								22							
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 420377110															
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): 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															
333415 - Air-Conditioning and Warm Air Heating Equipment and Commercial and Industrial Refrigeration Equipment Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
			ı				Race/E								
	Hispanic Not Hispanic or Latino or Latino Male Female														
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IOD CATECODIES				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	Φ	<u> </u>	ē	Afri can	⊊	vaii	ndi Vati	re F	te te	r or ner	<b>⊑</b>	vaii	ndi Vati	ē	Total
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Executive/Senior Level Officials and Managers	4	0	28	1	10	0	0	0	18	1	0	0	0	0	62
First/Mid-Level Officials and Managers	97	19	581	99 70	53	2	5 4	19 14	142	53 71	19	0	0	8	1093
Professionals Technicians	51 26	43 0	429 157	37	172 7	0	0	14	187 15	8	83	0	0	0	1134 251
Sales Workers	28	14	285	13	5	1	1	4	81	12	2	0	0	4	450
Administrative Support Workers Craft Workers	80 251	34 6	246 471	79 116	6 18	0	1 5	10 27	137 10	94	0	0	0	7	698 907
Operatives	178	126	774	1231	34	2	10	22	222	1100	21	0	6	12	3738
Laborers and Helpers	0	1	15	2	0	0	0	1	1	6	0	0	0	0	26
Service Workers  CURRENT 2023 REPORTING YEAR TOTAL	715	243	0 2986	0 1648	305	7	0 26	98	0 813	1347	0 128	2	8	33	0 8359
CORRENT 2023 REPORTING TEAR TOTAL	715	243	2980	1046	305	1	20	96	813	1347	128	2	6	33	8359
PRIOR 2022 REPORTING YEAR TOTAL	620	255	2937	1815	297	8	24	95	853	1577	137	4	7	38	8667
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SECTION I	– HEA	DOUA	RTERS			2/31/20 SHMEN		EL CC	MMF	NTS (on	tional)				
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															

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### SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

#### EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 7535981 LENNOX INTERNATIONAL INC ADDRESS CITY/TOWN STATE ZIP CODE 2140 LAKE PARK BLVD **RICHARDSON** 75080 TX

# 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 5/30/2024 7:02 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Title of Certifying Official

Audra Leseckaite	Sr. Manager, Inclusion & Diversity
Email Address of Certifying Official	Telephone Number of Certifying Official
Audra.Leseckaite@lennox.com	972-497-6641

Name of Employer's Certifying Official

Email Address of Certifying Official	Telephone Number of Certifying Official
Audra.Leseckaite@lennox.com	972-497-6641
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Audra Leseckaite	Sr. Manager, Inclusion & Diversity
	Lennox International Inc
Email Address of Primary POC	Telephone Number of Primary POC
Audra.Leseckaite@lennox.com	972-497-6641