

Consolidated Edison, Inc. filed its 2024 Employer Information Report (EEO-1) with the Equal Employment Opportunity Commission (EEOC) in June 2025.

The EEO-1 is a report mandated by federal statute and regulations that require companies to report the number of individuals employed by race/ethnicity, gender and job category. The EEO-1 data reflects a single fixed point in time and is organized according to EEOC mandated job categories that do not fully reflect how the workforce is organized.

Below is our 2024 Employer Information Report EEO-1, displaying employee data as of December 31, 2024. Please note, the numbers included in the EEO-1 data form include all employees, including those on leave (temporary employees are excluded).

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 1282885	EMPLOYER NAME CONSOLIDATED EDISON INC			
ADDRESS 4 IRVING PLACE	CITY/TOWN NEW YORK	STATE NY	ZIP CODE 10003	

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)
133965100

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 Entry ID (UEI): TVZGHBH1E25

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

221122 - Electric Power Distribution

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	3	4	21	6	2	0	0	0	11	4	3	0	0	2	55
First/Mid-Level Officials and Managers	119	74	614	123	122	1	0	13	225	105	86	1	0	7	1490
Professionals	506	244	1682	466	506	7	7	29	454	298	223	5	1	12	4440
Technicians	160	26	336	180	233	2	2	5	28	36	34	1	0	2	1045
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	282	474	247	300	76	4	4	9	225	557	59	1	4	16	2258
Craft Workers	839	66	2608	948	171	11	21	29	51	113	12	0	0	1	4870
Operatives	22	4	41	28	6	1	1	1	8	4	0	0	1	0	117
Laborers and Helpers	204	16	268	246	36	3	6	4	13	39	1	1	0	1	838
Service Workers	12	4	17	11	2	0	0	0	1	4	0	0	0	0	51
CURRENT 2024 REPORTING YEAR TOTAL	2147	912	5834	2308	1154	29	41	90	1016	1160	418	9	6	41	15155
PRIOR 2023 REPORTING YEAR TOTAL	2001	827	5814	2256	1065	25	39	65	998	1175	375	10	6	31	14687

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/18/2024 - 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

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ADDRESS 4 IRVING PLACE	CITY/TOWN NEW YORK	STATE NY	ZIP CODE 10003

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

6/10/2025 7:54 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official Robert Rodriguez	Title of Certifying Official Section Manager
Email Address of Certifying Official RODRIGUEZROB@coned.com	Telephone Number of Certifying Official 212-460-3888

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

Name of Primary POC Robert Rodriguez	Title and Employer of Primary POC Section Manager Con Edison
Email Address of Primary POC RODRIGUEZROB@coned.com	Telephone Number of Primary POC 212-460-3888