U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 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								
				FION A							U				
		SECT	FION F	B – EMP	LOYE	R I <u>D</u> EN									
OFS COMPANY ID							EMPL	OYER N							
L104894					RC	OYAL C	ARIBBE	EAN CI	RUISE	LINE IN	С				
ADDRESS	ADDRESS CITY/TOWN STATE ZIP CODE							DE							
1050 CARIBBEAN WAY MIAMI							FL 33132			32					
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME														
HEADQUARTERS OR ESTABLISHME	ADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE)DE								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 980081645															
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
				L CONI											
				ntity ID ((11						
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (1	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
	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															
483112 - Deep Sea Passenger Transportation SECTION H – WORKFORCE DEMOGRAPHIC DATA															
Race/Ethnicity															
	Hisp	anic							nic or L	atino					-
	or L	atino			Μ	lale					Fer	nale			
JOB CATEGORIES	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	Row Total
Executive/Senior Level Officials and Managers	16	12	46	3	5	1	0	9	25	1	1	0	0	2	121
First/Mid-Level Officials and Managers	285	306	406	42	57	0	0	39	314	38	43	1	3	29	1563
Professionals Technicians	359 0	463 0	217 0	45 0	57 0	2	1 0	22 0	231 0	72 0	41 0	0	0	21 0	1531 0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	84	198	108	27	5	1	1	11	244	96	13	1	2	18	809
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	4	0	0	4	0	0	0	0	1	0	0	0	0	0	3 9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	749	980	777	122	124	4	2	81	815	207	98	2	5	70	4036
PRIOR 2022 REPORTING YEAR TOTAL	708	928 SECTIO	799 ON I –	119 WORK	109 FORCI	4 E SNAP	2 SHOT	9 PERIO	939 D	264	95	2	8	24	4010
12/18/2023 - 12/31/2023															
SECTION J Not Applicable	- HEA	DQUAI	RTERS	S OR ES	TABLI	[SHME]	NT-LEV	VEL CO	OMME)	NTS (op	tional)				

U.S. EQUAL EN 2023 EMPLOY	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
	SECTION K – OFFICIAL CER	TIFICATION OF SUBMISSION						
EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME								
L104894	1	ROYAL CARIBBEAN CRUISE LINE INC						
ADDRE	ESS	CITY/TOWN	STATE ZIP CODE					
1050 CARIB	BEAN WAY	МІАМІ	FL 33132					
	CERTIFICATION C	COMMENTS (optional)						
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.								
		RTIFICATION						
	5/24/2024 9:44 AM [EST]							
Name of Employer		TIFYING OFFICIAL Title of Certifyin	g Official					
			-					
Tracey	i avarez	VP, Total Rev	wards					
Email Address of	Certifying Official	Telephone Number of C	Certifying Official					
ttavarez@	Prccl.com	305-539-6307						
PRI	MARY POINT OF CONTACT (POC)	 FOR EEO-1 COMPONENT 1 REPORTIN	G					
	rimary POC	Title and Employer of	f Primary POC					
Guillerm	o Garcia	Lead, Program						
EA Bourd	of Primary DOC	Royal Caribbea						
	of Primary POC	Telephone Number o						
ggarcia@	2rccl.com	305-539-63	307					