

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 B401872				EMPLOYER NAME ARCBEST CORPORATION											
ADDRESS 8401 McClure Drive, PO Box 10048								CITY/TOWN FORT SMITH				STATE AR		ZIP CODE 72916	
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) 710673405															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UFSND59DGZ38 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 484122 - General Freight Trucking, Long-Distance, Less Than Truckload															
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	2	1	62	1	0	0	0	0	18	0	0	0	0	1	85
First/Mid-Level Officials and Managers	110	28	1169	123	15	4	18	23	284	13	10	1	4	6	1808
Professionals	24	24	503	16	54	0	17	7	237	2	27	1	2	7	921
Technicians	1	0	24	0	2	0	2	0	0	0	1	0	0	0	30
Sales Workers	52	23	357	19	9	0	2	9	100	11	6	0	3	2	593
Administrative Support Workers	59	121	453	36	15	2	6	12	787	50	35	1	17	18	1612
Craft Workers	36	1	166	37	1	0	1	3	0	1	0	0	0	0	246
Operatives	1217	21	4771	1258	70	32	43	110	65	38	0	3	0	3	7631
Laborers and Helpers	18	0	21	5	0	0	0	2	0	0	0	0	0	0	46
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1519	219	7526	1495	166	38	89	166	1491	115	79	6	26	37	12972
PRIOR 2023 REPORTING YEAR TOTAL	1566	220	7979	1590	167	42	86	177	1568	126	81	7	28	39	13676
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/15/2024 - 12/28/2024															
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 B401872		EMPLOYER NAME ARCBEST CORPORATION		
ADDRESS 8401 McClure Drive, PO Box 10048		CITY/TOWN FORT SMITH	STATE AR	ZIP CODE 72916
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
DATE OF CERTIFICATION				
6/23/2025 11:20 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official JOHN ANTZ		Title of Certifying Official HR SECURITY ANALYST		
Email Address of Certifying Official JANTZ@ARCB.COM		Telephone Number of Certifying Official 479-785-6438		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC JOHN ANTZ		Title and Employer of Primary POC HR SECURITY ANALYST ArcBest		
Email Address of Primary POC JANTZ@ARCB.COM		Telephone Number of Primary POC 479-785-6438		