U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2024 EMPLOYER IN	FORM	AHO	NKEF	OKI (EEU-	COM	PUNE	N1 1)					ation Dat		
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OFS COMPANY ID						Annah		OYER N		at Inc					
L167008						Annai	y Capita			it inc					
ADDRESS						CITY/TOWN							STATE ZIP C		
1211 6th Aver	ue, Fl 4	1					NE	W YO		NY		86			
SECTION C – H	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
223479661 SECTION E – EMPLOYER FILING ELIGIBILITY															
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
											NGER I	N BUSI	INESS		
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															
525990 - Other Financial Vehicles															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
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JOB CATEGORIES	_	<u>0</u>	an an	Black or African American	_	aiia Isla	nerican Indian Alaska Native	ěž o	as a	or eri		aiia Isk	nerican Indian Alaska Native	e R	Total
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	1	0	6 16	0	4	0	0	0	5 1	0	0	0	0	0	14 23
Professionals	10	5	52	3	20	0	0	2	30	7	17	0	0	2	148
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL		5	74	3	26	0	0	2	36	7	18	0	0	3	185
CORRENT 2024 REFORTING TEAR TOTAL		J	74	J	20	U	V	۷	30	'	10	V	V	J	100
PRIOR 2023 REPORTING YEAR TOTAL	8	6	77	3	25	0	0	2	36	5	14	1	0	2	179
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12/1/2024 - 12/31/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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

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	BECTION R OTHER C	EXTITION OF BEDINISHION											
EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
LI67008 Annaly Capital Management Inc													
ADDRE	ESS	CITY/TOWN	STATE	ZIP CODE									
1211 6th Av	enue, Fl 41	NEW YORK NY 10036											
	CEDTIFICATION	N COMMENTS (optional)											

CERTIFICATION COMMENTED (Option

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

6/9/2025 4:18 PM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Morgan Littman	Vice President
Email Address of Certifying Official	Telephone Number of Certifying Official
mlittman@annaly.com	646-979-1565
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Morgan Littman	Vice President
Ŭ	Annaly Capital Management Inc
Email Address of Primary POC	Telephone Number of Primary POC
mlittman@annaly.com	646-979-1565

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

2023 EMI LOTER IN	UKWI	AHO	IA IKIEI	OKI (EEO-	COM	IONE	1111)				Expir	ration Dat	e: 11/30/	2026
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LI67008						Annal	•	al Mana		nt Inc	-	OT A TE		am ac	DE.
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SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE						ΓΙΟΝ (11 Γ-LEVEL		able)			
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☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (Multi-Es	stablishn	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															
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Race/Ethnicity Hispanic Not Hispanic or Latino															
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Executive/Senior Level Officials and Managers	0	0	6	0	2	0	0	0	5	0	1	0	0	0	14
First/Mid-Level Officials and Managers Professionals	7	6	15 56	3	3 20	0	0	2	29	5	13	0	0	2	21 144
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2023 REPORTING YEAR TOTAL	8	6	77	3	25	0	0	2	36	5	14	1	0	2	179
PRIOR 2022 REPORTING YEAR TOTAL	8	7	76	2	25	0	0	2	37	5	14	1	0	2	179
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SECTION J Not Applicable	– HEAI	DQUAI	RTERS	ORES	TABLI	SHME	NT-LEV	VEL CO)MME	NTS (op	tional)				
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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

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME LI67008 **Annaly Capital Management Inc** CITY/TOWN ADDRESS STATE ZIP CODE **NEW YORK** NY10036 1211 6th Avenue, FI 41

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 5/1/2024 1:32 PM [EST]

EMPLOYER'S CER'	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Morgan Littman	Associate
Email Address of Certifying Official	Telephone Number of Certifying Official
mlittman@annaly.com	646-979-1565
PRIMARY POINT OF CONTACT (POC) F	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Morgan Littman	Associate
	Annaly Capital Management Inc
Email Address of Primary POC	Telephone Number of Primary POC
mlittman@annaly.com	646-979-1565

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INI	FORM	[ATIO]	N REI	PORT (EEO-	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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OFS COMPANY ID								OYER N							
LI67008						Annaly	y Capita	al Mana	gemer	it, Inc					
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE
1211 6th Avenu	e, Fl 4	1					NE	W YO	RK			NY		1003	36
SECTION C – HE	•		ac ob	FSTAR	I ICHN	AFNT_I	EVEL	IDENT	IEICA'	TION (i	fannlie	hle)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	<i>m</i> DQC	24K12	NO OK							Γ-LEVEL		1010)			
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	PRESS				Cl	TY/TOV	/N			STATE		ZIP CC	DE
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X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPL	OYER:	NO LO	NGER I	IN BUS	INESS		
SEC	CTION			L CONT				TION (if applic	able)					
		<u>Uni</u>	que En	tity ID (UEI):	Not App	olicable								
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor) 🔲	YES (1	Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
☐ YES (H	[eadana	rters is I	Federal	Contrac	tor) \square	VES (N	Ion-Head	danarter	s Establ	ishment	is Feder	al Contr	actor)		
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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	0	0	6	0	2	0	0	0	5	0	1	0	0	0	14
First/Mid-Level Officials and Managers Professionals	7	7	15 55	2	3 20	0	0	2	30	5	0 13	1	0	2	21 144
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	7	76	2	25	0	0	2	37	5	14	1	0	2	179
PRIOR 2021 REPORTING YEAR TOTAL	5	4	80	3	22	1	0	2	36	6	11	0	0	1	171

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION K - OFFICIAL CERTIFICAT	TON OF SUBMISSIO
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	SECTION OF SELECTION OF SELECTI													
EMPLOYER IDENTIFICATION														
OFS COMPANY ID EMPLOYER NAME														
LI67008 Annaly Capital Management, Inc														
ADDRE	ESS	CITY/TOWN	STATE	ZIP CODE										
1211 6th Av	enue, Fl 41	NEW YORK	NY	10036										

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."

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DATE OF CERTIFICATION 11/7/2023 11:24 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL ertifying Official

Name of Employer's Certifying Official	Title of Certifying Official
Emma Swertfager	HR Associate
Email Address of Certifying Official	Telephone Number of Certifying Official
eswertfager@annaly.com	212-696-0100
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Emma Swertfager	HR Associate
	Annaly Capital Management, Inc.
Email Address of Primary POC	Telephone Number of Primary POC
eswertfager@annaly.com	212-696-0100

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

SECTION A – TYPE OF REPORT													Expiration Date: 08/31/2024				
				TION A - EADQU													
		SECT	TON E	B – EMP	LOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID								OYER N	AME								
L167008						Annaly	/ Capita			it, Inc							
ADDRESS								TY/TOW				STATE		ZIP CC			
1211 6th Aver								W YO				NY		1003	36		
SECTION C – H	EADQU	JARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (i:	f applica	able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID LI67008					HEADÇ	UARTEI	ks ok es / Capita				NAME						
HEADQUARTERS OR ESTABLISHM	ENT LEX	/EL ADE	DECC			Aillaiy		TY/TOW		11, 1110		STATE		ZIP CC	DE		
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	SECTI	ON D -	EMPI	LOYER 2	1DEN 1 23479		IION N	UMBE	R (EIN)							
_				EMPL													
X YES (Employer Is Eligib	e to File)	□ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS				
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable																	
Unique Entity ID (UEI): Not Applicable ☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)																	
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 (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor) ☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																	
						_			ments i	s Federa	l Contra	actor)					
SECTION G – NAICS INFORMATION 525990 - Other Financial Vehicles																	
SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
Race/Ethnicity																	
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JOB CATEGORIES				Black or African American		Native Hawaiian or Ither Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row		
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First/Mid-Level Officials and Managers	1	0	13	0	3	0	0	0	2	0	0	0	0	0	19		
Professionals	3	4	46	1	18	0	0	2	20	4	10	0	0	1	109		
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives 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 2022 REPORTING YEAR TOTAL		4	65	1	23	0	0	2	27	4	11	0	0	1	142		
PRIOR 2021 REPORTING YEAR TOTAL	. 4	2	77	3	21	1	0	2	33	3	11	0	0	1	158		
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No Comments Provided

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

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OFS COMPANY ID		SECI	ION D	- ENIP	LOYE	R IDEN		OYER N	IAME.						
LI67008						Annaly	/ Capita			it, Inc					
ADDRESS							Cl	TY/TOV	VN			STATE		ZIP CC	DDE
1211 6th Ave	nue, Fl 4	1					NE	W YO	RK			NY		1003	36
SECTION C - I	IEADQU	J ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				Γ-LEVEL	NAME				
LI71067								las Offi							
HEADQUARTERS OR ESTABLISHM								TY/TOV				STATE		ZIP CC	
2451 West Grapevine M								RAPEVI				TX		7608	51
	SECTI	ION D -	- EMPI		. IDENT 223479	ΓΙ <mark>ΓΙ</mark> CΑ΄ 661	TION N	UMBE	R (EIN)					
		SECTION	ON E –	EMPL	OYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligib	le to File)	ON 🔲	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	N BUS	NESS		
SI	CTION							TION (if applic	able)					
—	_					Not App									
☐ YES (Single-Establish	_	-													
☐ YES	Headqua	rters is	Federal	Contrac	etor)	YES (N	lon-Head	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
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SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
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	or L	atino			М	ale					Fen	nale]
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				au		Native Hawaiian or Other Pacific Islande	n or e	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		ω ·		Black or African American	_	lija Isla	American Indian oı Alaska Native	Ra	_	Black or African American	_	aiia Isla	nerican Indian Alaska Native	Ra	Row Total
	Male	Female	White	ck or Afric American	Asian	awa ific	Ξχ	ore	White	Black or an Amer	Asian	awa ific	r s	ore	Total
	Σ	Fe	⋝	ko	Å	aci H	ska	Z	₹	3la an /	As	H ₂	ska	Σ	
				lac		er F	neri Ala	00		fric P		tive er F	neri Ala	0	
				<u> </u>		Na Ct	An .	≱		¥		R A	An .	_ ≥	
														<u> </u>	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 2	0	0	0	0	0	0	0	0	0	0	0	0 2
Professionals	4	3	9	1	2	0	0	0	10	1	3	1	0	1	35
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers 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 2022 REPORTING YEAR TOTAL	4	3	11	1	2	0	0	0	10	1	3	1	0	1	37
PRIOR 2021 REPORTING YEAR TOTAL	_ 1	2	3	0	1	0	0	0	3	3	0	0	0	0	13
		SECTION OF THE SECOND OF THE S	ON I	WODK	EODCI	CNAD	SUOT I	DEDIO	<u> </u>	1		1			1

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

co=LI67008

u= LI67008

EQUAL EMPLOYMENT OPPORTUNITY

2021 EMPLOYER INFORMATION REPORT EEO-1

CONSOLIDATED REPORT

SECTION B - COMPANY IDENTIFICATION

SECTION C - TEST FOR FILING REQUIREMENT

Annaly Capital Management, Inc

2.a. Annaly Capital Management, Inc 1211 6th Avenue

1- Y 2- N 3- N DUNS=

1211 6th Avenue

FI 41

FI 41

New York, NY 10036

New York, NY 10036

SECTION E - ESTABLISHMENT INFORMATION

c. EIN= 223479661

NAICS: 525990 - Other Financial Vehicles

SECTION D - EMPLOYMENT DATA

	HISPANIC OR		NOT-HISPANIC OR LATINO													
	LATINO		********* MALE ********							********** FEMALE ********						
JOB CATEGORIES	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER		AMERICAN NDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	TOTALS	
EXECUTIVE/SR OFFICIALS & MGRS	0	0	8	0	0	1	0	0	5	0	0	1	0	0	15	
FIRST/MID OFFICIALS & MGRS	1	0	17	0	0	1	0	0	2	0	0	0	0	0	21	
PROFESSIONALS	4	4	55	3	1	20	0	2	29	6	0	10	0	1	135	
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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 & 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	
TOTAL	5	4	80	3	1	22	0	2	36	6	0	11	0	1	171	
PREVIOUS REPORT TOTAL				_				_								

SECTION F - REMARKS

All reports have been reviewed by HCM team and certified.

DATES OF PAYROLL PERIOD: 12/1/2021 THRU 12/31/2021

SECTION G - CERTIFICATION

CERTIFYING OFFICIAL: Emma Swertfager

EMAIL: eswertfager@annaly.com

EEO1 REPORT CONTACT PERSON: Emma Swertfager

EMAIL: eswertfager@annaly.com

CERTIFIED DATE [EST]: 5/4/2022 1:22 PM

TITLE: HR Associate PHONE: 212-696-0100 TITLE: HR Associate PHONE: 212-696-0100 co= LI67008

u= LI67008

EQUAL EMPLOYMENT OPPORTUNITY

2021 EMPLOYER INFORMATION REPORT EEO-1 HEADQUARTERS REPORT

SECTION B - COMPANY IDENTIFICATION

SECTION C - TEST FOR FILING REQUIREMENT

1- Y 2- N 3- N DUNS=

1. Annaly Capital Management, Inc 2.a. Annaly Capital Management, Inc

1211 6th Avenue

c. EIN= 223479661

FI 41 FI 41

New York, NY 10036 New York, NY 10036

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 525990 - Other Financial Vehicles

SECTION D - EMPLOYMENT DATA

1211 6th Avenue

	HISPANIC	OR	NOT-HISPANIC OR LATINO												
	LATINO		****	*****	MALE * * *	* * * * * *	* *		********** FEMALE ********						
JOB CATEGORIES	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER		AMERICAN NDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	TOTALS
EXECUTIVE/SR OFFICIALS & MGRS	0	0	8	0	0	1	0	0	5	0	0	1	0	0	15
FIRST/MID OFFICIALS & MGRS	1	0	16	0	0	1	0	0	2	0	0	0	0	0	20
PROFESSIONALS	3	2	53	3	1	19	0	2	26	3	0	10	0	1	123
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 & 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
TOTAL	4	2	77	3	1	21	0	2	33	3	0	11	0	1	158
PREVIOUS REPORT TOTAL															

SECTION F - REMARKS

co= LI67008

u= LI71067

EQUAL EMPLOYMENT OPPORTUNITY

2021 EMPLOYER INFORMATION REPORT EEO-1 UNDER 50 EMPLOYEES REPORT

SECTION B - COMPANY IDENTIFICATION

SECTION C - TEST FOR FILING REQUIREMENT

Annaly Capital Management, Inc
 1211 6th Avenue

2.a. Dallas Office 2451 West Grape

c. EIN= 223479661

1- Y 2- N 3- N DUNS=

FI 41

New York, NY 10036

2451 West Grapevine Mills Circle Suite 107 Grapevine, TX 76051

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 525990 - Other Financial Vehicles

SECTION D - EMPLOYMENT DATA

	HISPANIC	OR	NOT-HISPANIC OR LATINO												- OVERALL
	LATINO	**************************************									*				
JOB CATEGORIES	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER		AMERICAN NDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	TOTALS
EXECUTIVE/SR OFFICIALS & MGRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIRST/MID OFFICIALS & MGRS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PROFESSIONALS	1	2	2	0	0	1	0	0	3	3	0	0	0	0	12
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 & 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
TOTAL	1	2	3	0	0	1	0	0	3	3	0	0	0	0	13
PREVIOUS REPORT TOTAL															

SECTION F - REMARKS

COMPID = FN46862 UNITID = FN46862

EQUAL EMPLOYMENT OPPORTUNITY2020 EMPLOYER INFORMATION REPORT EEO-1

Consolidated Report

SECTION B - COMPANY IDENTIFICATION

SECTION C - TEST FOR FILING REQUIREMENT

1. ANNALY MANAGEMENT COMPANY 2.a. ANNALY MANAGEMENT COMPANY

1-Y 2-N 3-N DUNS=

1211 6TH AVENUE

1211 6TH AVENUE

SECTION E - ESTABLISHMENT INFORMATION

41ST FL

41ST FL

NAICS: 523999 - Miscellaneous Financial Investment Activities

NEW YORK, NY 10036

NEW YORK, NY 10036

c. EIN= 462493931

SECTION D - EMPLOYMENT DATA

								Non-H	lispanic or	Latino					
	Hispanio	or Latino			*****	*****	******* Female *******								
JOB CATEGORIES	Male	Female	White	Black or African American	Native Hawaiian Or Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African American	Native Hawaiian Or Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Overall Totals
Exec/Sr. Officials & Mgrs	0	0	8	0	0	0	0	0	4	1	0	0	0	0	13
First/Mid Officials & Mgrs	1	0	18	0	0	2	0	0	3	0	0	3	0	0	27
Professionals	3	3	64	4	1	19	0	2	26	4	0	12	0	2	140
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 & 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
Total	4	3	90	4	1	21	0	2	33	5	0	15	0	2	180
Previous Year Total	4	4	89	3	1	22	0	2	36	5	0	17	0	2	185

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 12/16/2020 THRU 12/31/2020

SECTION G – CERTIFICATION: CERTIFIED DATE: 8/10/2021 1:25 PM

CERTIFYING OFFICIAL: Jennifer Davis

EMAIL: hcmoperations@annaly.com

EEO-1 REPORT CONTACT PERSON: Holly Wu

EMAIL: hcmoperations@annaly.com

TITLE: Human Capital
PHONE: 212-696-0100
TITLE: Human Capital Analyst

PHONE: 929-208-8358

COMPID = FN46862 UNITID = FN46862

EQUAL EMPLOYMENT OPPORTUNITY2019 EMPLOYER INFORMATION REPORT EEO-1

Consolidated Report

SECTION B - COMPANY IDENTIFICATION

SECTION C - TEST FOR FILING REQUIREMENT

1. ANNALY MANAGEMENT COMPANY 2.a. ANNALY MANAGEMENT COMPANY

1-Y 2-N 3-N DUNS=

1211 6TH AVENUE

1211 6TH AVENUE

SECTION E - ESTABLISHMENT INFORMATION

41ST FL

41ST FL

NAICS: 523999 - Miscellaneous Financial Investment Activities

NEW YORK, NY 10036

NEW YORK, NY 10036

c. EIN= 462493931

SECTION D - EMPLOYMENT DATA

								Non-H	lispanic or	Latino					
	Hispanio	or Latino			******	*****	******* Female *******								
JOB CATEGORIES	Male	Female	White	Black or African American	Native Hawaiian Or Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	White	Black or African American	Native Hawaiian Or Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Overall Totals
Exec/Sr. Officials & Mgrs	0	0	7	0	0	0	0	0	4	1	0	0	0	0	12
First/Mid Officials & Mgrs	1	0	18	0	0	3	0	0	2	0	0	3	0	0	27
Professionals	3	4	64	3	1	19	0	2	30	4	0	14	0	2	146
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 & 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
Total	4	4	89	3	1	22	0	2	36	5	0	17	0	2	185
Previous Year Total	5	5	85	3	1	19	0	2	31	5	0	11	1	2	170

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 12/16/2019 THRU 12/31/2019

SECTION G - CERTIFICATION: CERTIFIED DATE: 7/7/2021 11:01 AM

CERTIFYING OFFICIAL: Jennifer Davis

EMAIL: hcmoperations@annaly.com

EEO-1 REPORT CONTACT PERSON: Holly Wu

EMAIL: hcmoperations@annaly.com

TITLE: Human Capital PHONE: 212-696-0100 TITLE: Human Capital Analyst

PHONE: 929-208-8358