

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/3/2019 4:50 PM EST

Confirmation Number: 5857

Amended Confirmation Number:

Employer Information

Name: Reynolds Consumer Products LLC
Address: 1900 West Field Court
City: Lake Forest
State: IL
Zip Code: 60045

Plan Administrator Information

Name: Benefits Director/Reynolds Consumer Products LLC
Address: 1900 West Field Court
City: Lake Forest
State: IL
Zip Code: 60045
Phone: 8474822850
Email: sue.lindholm@reynoldsls.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Nonqualified Deferred Compensation Plan for Reynolds Consumer Products	Number of Employees: 138
------	------------	--	--------------------------

Additional Information:

Plan name: Nonqualified Deferred Compensation Plan for Reynolds Consumer Products



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 5857. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.