U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

1509

| 2023 EMPLOYER IN | FORM | ATIO | N REI | PORT (| EEO-1 | 1 COM | PONE | NT 1) | | | | | ontrol Nu ration Da | | |
|---|---|----------|-----------|------------------------------|----------|--|-------------------------------------|-------------------|----------|------------------------------|----------|--|-------------------------------------|---|-----------|
| | | | | - | | E OF RI | - | | | | | | | | |
| | | | | | | D REP | | | | | | | | | |
| OFS COMPANY ID | | SECT | TON B | <u> – EMP</u> | LOYE | R IDEN | | | AME | | | | | | |
| | | | | | 01 | WEDIO | | OYER N | | AEDIO. | | | | | |
| G020018 | | | | | S | WEDISI | H MAT | CH NOI | RIHA | MERICA | 4 | | | | |
| ADDRESS | | | | | | | Cl | TY/TOW | VN | | | STATE | | ZIP CC | DE |
| 1021 EAST CARY STRE | ET, SU | JITE 16 | 00 | | | | RI | СНМОІ | ND | | | VA | | 2321 | 19 |
| SECTION C – HE | I DOL | ADTEI | DS OD | FCTAB | I ICHN | /FNT-I | EVEL | IDENT | TEICAT | FION G | fannlier | bla) | | | |
| HO/ESTABLISHMENT-LEVEL UNIT ID | ADQU | ANIL | NO OK | | | UARTE | | | | | | ioic) | | | |
| | | | | | | , | | | | | | | | | |
| | | | | | | | ~ | | | | | ~ | | ======================================= | |
| HEADQUARTERS OR ESTABLISHME | NT-LEV | EL ADD | ORESS | | | | Cl | TY/TOW | VN | | | STATE | | ZIP CO | DE |
| | | | | | | | | | | | | | | | |
| | SECTI | ON D - | EMPI | LOYER | IDENT | TIFICA' | TION N | UMBE | R (EIN |) | | | | | |
| | | | | | 521257 | | | | | | | | | | |
| | : | SECTIO | ON E - | EMPL | OYER | FILING | ELIGI | BILITY | Y | | | | | | |
| X YES (Employer Is Eligible | to File) | □ NO | (Emple | oyer Is N | Not Elig | ible to F | ile) | EMPL | OYER | NO LO | NGER I | IN BUSI | INESS | | |
| | | | | | | | | | | | | | | | |
| SEC | ECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE | | | | | | | | | | | | | | |
| VEC (Circle Fetablisher | ment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| X YES (H | (Headquarters is Federal Contractor) | | | | | | | | | | | | | | |
| | | XV | ES (O | ne or Mo | ore Non | -Headqu | arters F | Stablish | ments i | s Federa | 1 Contra | actor) | | | |
| | | | | | | INFOR | | | | 5 T CGC16 | . Come | | | | |
| | 55111 | 4 - Cor | orate | Subsic | liary, a | nd Regi | onal Ma | anaging | Office | es | | | | | |
| | SE | CTION | I H – V | VORKF | ORCE | DEMO | GRAPI | HC DA | TA | | | | | | |
| | | | | | | | Race/E | thnicit | y | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fer | nale | | 1 | |
| | | | | | | _ | | | | | | _ | | | |
| | | | | _ | | Native Hawaiian or Other Pacific Islander | ō | Two or More Races | | _ | | Native Hawaiian or Other Pacific Islander | ō | Two or More Races | |
| IOD OATEOODIEO | | | | cal | | an Jan | an | gac | | <u> </u> | | an Ian | an | (ac | Row |
| JOB CATEGORIES | a) | <u>e</u> | ø | vfri San | _ | aiis | lati | e F | o o | o Je | _ | aiis | ati | e F | Total |
| | Male | Female | White | or A | Asian | a iii a | a z | ē | White | A G | Asian | a si | z z | o | |
| | 2 | Fe | > | Black or African American | ĕ | E SE | American Indian or Alaska Native | 2 | > | Black or African American | Ä | E SE | nerican Indian Alaska Native | 2 | |
| | | | | lac A | | iš r | λla | 0 | | <u>ت</u> . ت | | iš ř | ıer | 0 | |
| | | | | В | | Native Hawaiian or Other Pacific Islande | Αŭ, | ٤ | | ₹ | | Native Hawaiian or Other Pacific Islande | American Indian or Alaska Native | Ž | |
| | | | | | | - 6 | | • | | | | - 6 | | • | |
| Executive/Senior Level Officials and Managers | 0 | 0 | 14 | 1 | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 20 |
| First/Mid-Level Officials and Managers | 6 | 2 | 148 | 12 | 0 | 2 | 0 | 2 | 51 | 9 | 0 | 3 | 0 | 0 | 235 |
| Professionals | 2 | 1 | 69 | 5 | 0 | 4 | 0 | 0 | 55 | 8 | 0 | 1 | 0 | 3 | 148 |
| Technicians Sales Workers | 30 | 0 | 11 257 | 0 23 | 0 | 7 | 0 | 6 | 21 90 | 5 | 0 | 1 | 0 | 2 | 36 424 |
| Administrative Support Workers | 2 | 1 | 257 | 4 | 0 | 0 | 0 | 0 | 34 | 8 | 0 | 0 | 0 | 1 | 52 |
| Craft Workers | 0 | 0 | 110 | 6 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 119 |
| Operatives | 3 | 3 | 276 | 36 | 0 | 0 | 1 | 2 | 166 | 36 | 0 | 0 | 1 | 3 | 527 |
| Laborers and Helpers | 1 | 1 | 50 | 4 | 0 | 0 | 0 | 0 | 26 | 6 | 0 | 0 | 0 | 0 | 88 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2023 REPORTING YEAR TOTAL | 45 | 10 | 937 | 91 | 0 | 15 | 2 | 13 | 447 | 73 | 0 | 6 | 1 | 9 | 1649 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

871

10/1/2023 - 10/31/2023

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

Not Applicable

PRIOR 2022 REPORTING YEAR TOTAL

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

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 5/20/2024 11:04 AM [EST]

| EMPLOYER'S CER | TIFYING OFFICIAL |
|--|---|
| Name of Employer's Certifying Official | Title of Certifying Official |
| Susan Woodward | Senior Manager, People & Culture |
| Email Address of Certifying Official | Telephone Number of Certifying Official |
| susan.woodward@swedishmatch.com | 804-787-5178 |
| PRIMARY POINT OF CONTACT (POC) | FOR EEO-1 COMPONENT 1 REPORTING |
| Name of Primary POC | Title and Employer of Primary POC |
| Susan Woodward | Senior Manager, People & Culture |
| | Swedish Match North America LLC |
| Email Address of Primary POC | Telephone Number of Primary POC |
| susan.woodward@swedishmatch.com | 804-787-5178 |

U.S. EOUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

| 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) | | | | | | | | | | | | mber: 304 te: 11/30/ | |
|--|--|--|--------------------|--------------|-----------|-----------|------------|-----------|-----------|--------------|-----------|-------------------------|----|
| | | SECTION A | | - | _ | | | | | | | | |
| | SECT | ION B – EM | PI OVER |) IDEN | TIFICA | TION | | | | | | | |
| OFS COMPANY ID | SECI | ION B - EM | LOILI | (IDEA | | OYER N | IAME | | | | | | |
| G020018 | | | SV | VEDISI | н мато | CH NO | RTH AN | MERICA | 4 | | | | |
| ADDRESS | | | | | C | TY/TOV | VN | | | STATE | | ZIP CO | DE |
| 1021 EAST CARY STR | EET, SUITE 16 | 800 | | | RI | CHMOI | ND | | | VA | | 2321 | 19 |
| SECTION C – H | EADQUARTE! | RS OR ESTA | | | | | | | | ble) | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME | | | | | | | | | | | |
| G020018 | | | SV | VEDISI | H MAT | CH NO | RTH AN | /IERIC | A . | | | | |
| HEADQUARTERS OR ESTABLISHM | ENT-LEVEL ADD | RESS | | | C | TY/TOV | VN | | : | STATE | | ZIP CO | DE |
| 1021 EAST CARY STR | EET, SUITE 16 | 600 | | | RI | CHMOI | ND | | | VA | | 2321 | 19 |
| | SECTION D - | | R IDENT 6212573 | | TION N | UMBE | CR (EIN) |) | | | | | |
| <u></u> | | ON E – EMPI | _ | | _ | | | | | | | | |
| X YES (Employer Is Eligible | e to File) 🔲 NO | (Employer Is | Not Eligi | ble to F | ile) 🔲 | EMPL | OYER N | O LO | IGER I | N BUSI | NESS | | |
| SE | CTION F – FEI Un | DERAL CON ique Entity ID | | | | | if applica | able) | | | | | |
| ☐ YES (Single-Establishm | nent Employer is | Federal Contr | actor) 🔀 | YES (| Multi-Es | tablishn | nent Emp | oloyer is | Federal | Contra | ctor) | | |
| X YES (| Headquarters is l | Federal Contra | ctor) | YES (N | Ion-Hea | dquarter | s Establi | shment | is Federa | al Contr | actor) | | |
| | X Y | ES (One or M | lore Non- | Headqu | arters E | Establish | ments is | Federa | l Contra | ctor) | | | |
| | | ECTION G - | | | | | 000 | | | | | | |
| | 551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H – WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | |
| | SECTION | VII – WOKK | FORCE | | Race/E | | | | | | | | |
| | Hispanic | | | | | | ic or L | atino | | | | | |
| | or Latino | | Ma | ale | | | | | Fem | nale | | | |
| | | an | | n or nder | n or e | ces | | an | | n or nder | n or e | ces | |

| | | | | | | | Race/E | thnicit | у | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | 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 | 0 | 0 | 7 | 0 | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 12 |
| First/Mid-Level Officials and Managers | 1 | 0 | 21 | 3 | 0 | 1 | 0 | 1 | 9 | 5 | 0 | 2 | 0 | 0 | 43 |
| Professionals | 0 | 1 | 23 | 4 | 0 | 2 | 0 | 0 | 24 | 6 | 0 | 1 | 0 | 2 | 63 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sales Workers | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 6 |
| Administrative Support Workers | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 10 |
| 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 | 2 | 2 | 56 | 9 | 0 | 4 | 0 | 2 | 42 | 13 | 0 | 3 | 0 | 2 | 135 |
| PRIOR 2022 REPORTING YEAR TOTAL | 1 | 2 | 52 | 9 | 0 | 4 | 0 | 1 | 40 | 10 | 0 | 3 | 0 | 1 | 123 |

SECTION I – WORKFORCE SNAPSHOT PERIOD 10/1/2023 - 10/31/2023

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

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT | | | | | | | | | | | | |
|--|---|---------------------------------------|----------|--|--|--|--|--|--|--|--|--|
| SECTION B – EMPLOYER IDENTIFICATION | | | | | | | | | | | | |
| OFS COMPANY ID EMPLOYER NAME | | | | | | | | | | | | |
| G020018 SWEDISH MATCH NORTH AMERICA | | | | | | | | | | | | |
| ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 1021 EAST CARY S | 1021 EAST CARY STREET, SUITE 1600 RICHMOND VA 23219 | | | | | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLI | SHMENT-LEVEL IDENTIFICATION (if app | licable) | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HE | ADQUARTERS OR ESTABLISHMENT-LEVEL NAM | Æ | | | | | | | | | |
| X470970 | | SMNA-OTP-EASTERN REGION-SALES | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 51 DUTILH RO | 51 DUTILH ROAD, SUITE 220 CRANBERRY TOWNSHIP PA 16066 | | | | | | | | | | | |
| SECTION D. EMBLOWED IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | |

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

621257378

SECTION E – EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424940 - Tobacco Product and Electronic Cigarette Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | - DI | 201101 | , ,, | , 011111 | ORCE | DEMO | Race/E | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | 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 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 0 | 1 | 15 | 1 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 22 |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 4 | 0 | 56 | 3 | 0 | 3 | 0 | 2 | 23 | 0 | 0 | 0 | 0 | 0 | 91 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 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 | 4 | 1 | 72 | 5 | 0 | 3 | 0 | 2 | 30 | 0 | 0 | 0 | 0 | 0 | 117 |
| PRIOR 2022 REPORTING YEAR TOTAL | 4 | 1 | 73 | 5 | 0 | 4 | 0 | 0 | 27 | 1 | 0 | 0 | 0 | 0 | 115 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

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| | ~ | YPE OF REPORT NT-LEVEL REPORT | | | | | | | | | |
|----------------------------------|---|--------------------------------------|---------|----------|--|--|--|--|--|--|--|
| | SECTION B - EMPLO | OYER IDENTIFICATION | | | | | | | | | |
| OFS COMPANY ID | | EMPLOYER NAME | | | | | | | | | |
| G020018 | | SWEDISH MATCH NORTH AMERICA | | | | | | | | | |
| ADDRES | S | CITY/TOWN | STATE | ZIP CODE | | | | | | | |
| 1021 EAST CARY S | TREET, SUITE 1600 | RICHMOND | VA | 23219 | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLIS | SHMENT-LEVEL IDENTIFICATION (if appl | icable) | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME | | | | | | | | | | |
| Z798606 SMNA-OWENSBORO-WAREHOUSE | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLIS | HMENT-LEVEL ADDRESS | CITY/TOWN | STATE | ZIP CODE | | | | | | | |

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

611141142

SECTION E – EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

OWENSBORO

SECTION G - NAICS INFORMATION

493110 - General Warehousing and Storage

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | - DI | 201101 | 1 , | , 011111 | ORCE | | Dood/E | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Operatives | 0 | 0 | 6 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 11 |
| Laborers and Helpers | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2023 REPORTING YEAR TOTAL | 0 | 0 | 14 | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 20 |
| PRIOR 2022 REPORTING YEAR TOTAL | 0 | 0 | 16 | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 22 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT | | | | | | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------|--|--|--|--|--|--|--|--|--|
| SECTION B – EMPLOYER IDENTIFICATION | | | | | | | | | | | | |
| OFS COMPANY ID EMPLOYER NAME | | | | | | | | | | | | |
| G020018 SWEDISH MATCH NORTH AMERICA | | | | | | | | | | | | |
| ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 1021 EAST CARY STREET, SUITE 1600 RICHMOND VA 23219 | | | | | | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLI | SHMENT-LEVEL IDENTIFICATION (if appl | icable) | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HE | ADQUARTERS OR ESTABLISHMENT-LEVEL NAM | Œ | | | | | | | | | |
| N581814 | N581814 SMNA-OTP-CENTRAL REGION-SALES | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 541 Silicon Drive, Suite 100 SOUTHLAKE TX 76092 | | | | | | | | | | | | |
| SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | |

621257378

SECTION E - EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424940 - Tobacco Product and Electronic Cigarette Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| _ | 51 | | , , , | VOKKI | ORCL | | Race/E | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | 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 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 3 | 0 | 13 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 18 |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 8 | 2 | 40 | 3 | 0 | 2 | 0 | 0 | 17 | 4 | 0 | 1 | 0 | 0 | 77 |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 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 | 11 | 2 | 55 | 3 | 0 | 2 | 0 | 1 | 19 | 4 | 0 | 1 | 0 | 0 | 98 |
| PRIOR 2022 REPORTING YEAR TOTAL | 10 | 1 | 59 | 3 | 0 | 0 | 0 | 1 | 16 | 2 | 0 | 0 | 0 | 0 | 92 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Z798615 OTP STOUGHTON-FARM

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN STATE ZIP CODE

205 INDUSTRIAL CIR STOUGHTON WI 53589

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 611141142

SECTION E – EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): Not Applicable

☐ YES (Single-Establishment Employer is Federal Contractor) 🗵 YES (Multi-Establishment Employer is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

493110 - General Warehousing and Storage

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | SE | CHO | (II – V | OKKI | OKCE | DEMO | | | | | | | | | |
|---|------|--------|----------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | Race/E | thnicity | / | | | | | | |
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | | atino | | | М | ale | | • | | | Fen | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First/Mid-Level Officials and Managers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PRIOR 2022 REPORTING YEAR TOTAL | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT | | | | | | | | | | | | |
|--|---|---------------------------------------|---------|--|--|--|--|--|--|--|--|--|
| SECTION B – EMPLOYER IDENTIFICATION | | | | | | | | | | | | |
| OFS COMPANY ID EMPLOYER NAME | | | | | | | | | | | | |
| G020018 SWEDISH MATCH NORTH AMERICA | | | | | | | | | | | | |
| ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 1021 EAST CARY S | 1021 EAST CARY STREET, SUITE 1600 RICHMOND VA 23219 | | | | | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLI | SHMENT-LEVEL IDENTIFICATION (if appl | icable) | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HE | ADQUARTERS OR ESTABLISHMENT-LEVEL NAM | E | | | | | | | | | |
| X202990 SMNA-DOTHAN PLANT | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE | | | | | | | | | | | | |
| 700 COLUMBIA HWY DOTHAN AL 36301 | | | | | | | | | | | | |
| | SECTION D. EMBLOVED IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | |

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

541925318

SECTION E - EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

312230 - Tobacco Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | - DI | 201101 | , ,, | , 011111 | ORCE | DEMIO | Race/E | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | M | ale | | | | | Fen | 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 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 5 | 2 | 0 | 0 | 0 | 0 | 13 |
| Professionals | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 9 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 5 |
| Craft Workers | 0 | 0 | 17 | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 22 |
| Operatives | 0 | 0 | 6 | 8 | 0 | 0 | 0 | 0 | 4 | 21 | 0 | 0 | 0 | 0 | 39 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2023 REPORTING YEAR TOTAL | 0 | 0 | 34 | 14 | 0 | 0 | 0 | 1 | 14 | 28 | 0 | 0 | 0 | 0 | 91 |
| PRIOR 2022 REPORTING YEAR TOTAL | 0 | 0 | 36 | 18 | 0 | 0 | 0 | 1 | 15 | 31 | 0 | 0 | 0 | 0 | 101 |

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

EEOC Standard Form 100 (SF 100)

| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) | | | | | | | | | | | | Revised 08/2023 OMB Control Number: 3046-0049 | | | | | |
|--|-------------------------------|------------------------|----------------------|--------------------------|-----------------|-----------------------------------|------------------------------|--------------|-----------------------|-------------------------|----------|--|----------------------------|--------|-------|--|--|
| 2023 EMPLOYER IN | FORM | ATIO | N REI | PORT (| EEO- | 1 COM | | | ontrol Nu ation Da | | | | | | | | |
| | | | SECT | TION A | - TYP | E OF R | EPORT | | | | I | | | | | | |
| | | | ESTA | BLISH | /ENT- | LEVEL | REPOR | RΤ | | | | | | | | | |
| | | SECT | TON B | B – EMP | LOYE | R IDEN | TIFICA | TION | | | | | | | | | |
| OFS COMPANY ID | | | | | | | EMPL | OYER N | IAME | | | | | | | | |
| G020018 | | | | | S | WEDIS | H MAT | CH NO | RTH A | MERICA | ١ | | | | | | |
| ADDRESS | | | | | | | C | TY/TOV | VN | | | STATE | | ZIP CC | DDE | | |
| 1021 EAST CARY STRE | ET, SI | T, SUITE 1600 RICHMOND | | | | | | | | | | VA | | 23219 | | | |
| SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) | | | | | | | | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | · · | | | | | | | | | | | | | | | | |
| Z798594 | SMNA-OTP-WESTERN REGION-SALES | | | | | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHME | ENT-LEV | EL ADE | RESS | | | | C | TY/TOV | VN | | | STATE | | ZIP CC | DDE | | |
| 3300 DOUGLAS BOULE | VARD, | SUITE | 435 | | | | RC | SEVIL | LE. | | | CA | | 9566 | 61 | | |
| | SECTI | ON D - | EMPI | LOYER | IDEN' 321257 | | TION N | UMBE | R (EIN |) | • | | • | | | | |
| | 1 | SECTIO | ON E – | EMPL | OYER | FILIN | ELIG | BILIT | Y | | | | | | | | |
| X YES (Employer Is Eligible | to File) | □ NO | (Empl | oyer Is N | lot Elig | ible to F | ïle) | EMPL | OYER | NO LO | IGER I | IN BUS | INESS | | | | |
| SEC | CTION | F – FEI Uni | DERA lique En | L CONT | TRACT UEI): | OR DE | SIGNA ILABLE | TION (| if applic | able) | | | | | | | |
| ☐ YES (Single-Establishm | ent Emp | oloyer is | Federa | l Contra | ctor) X | YES (| Multi-Es | tablishn | nent Em | ployer is | Federa | l Contra | ctor) | | | | |
| X YES (H | - Ieadana | rters is I | Federal | Contrac | tor) X | YES (N | Jon-Head | lanarter | s Establ | ishment | is Feder | al Contr | actor) | | | | |
| | 1 | | | | . — | | | • | | s Federa | | | , | | | | |
| | | | |)N G - 1 | | | | | | | | | | | | | |
| 4249 | | | | ct and E | | | | | | esalers | | | | | | | |
| | SE | CHON | \ п – v | VUKKI | OKCE | DEMIC | Race/E | | | | | | | | | | |
| | Hier | anic | | | | | | Hispar | | atino | | | | | | | |
| | | atino | | | N | lale | 1101 | inopui | | umo | Fen | nale | | | | | |
| | | | | | | | | | | | | | | | 1 | | |
| | | | | ے | | o de | ō | es | | <u>_</u> | | o de | ō | Races | | | |
| JOB CATEGORIES | | | | ical (| | ian | ian | Зас | | i i | | ian | Indian or Native | Зас | Row | | |
| JOB CATEGORIES | ø. | ae Be | Ę. | Afr | Ę | vaii | nd Aat | le l | te | nei | ⊊ | vaii | nd Aat | le l | Total | | |
| | Male | Female | White | k or African American | Asian | e Hawaiian or Pacific Islander | ican Indian or ska Native | r More Races | White | Black or an American | Asian | e Hawaiian or Pacific Islander | ican Indian Iska Native | More | | | |
| | 1 | | 1 - | 1 🛠 🗦 | _ | കര് | .S S | _ | - | ש מ | - | 40.00 | 2 2.1 | - | 1 | | |

| | Race/Etnnicity | | | | | | | | | | | | | | |
|---|----------------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | Hisp | anic | | | | | Not | Hispan | ic or L | atino | | | | | |
| | or La | atino | | | М | ale | | | | | Fen | 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 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| First/Mid-Level Officials and Managers | 0 | 0 | 11 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 15 |
| Professionals | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 10 | 0 | 36 | 3 | 0 | 1 | 0 | 3 | 11 | 0 | 0 | 0 | 0 | 0 | 64 |
| Administrative Support Workers | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 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 | 11 | 0 | 50 | 3 | 0 | 2 | 0 | 3 | 13 | 0 | 0 | 1 | 0 | 0 | 83 |
| PRIOR 2022 REPORTING YEAR TOTAL | 10 | 1 | 47 | 1 | 1 | 2 | 0 | 3 | 13 | 0 | 0 | 1 | 0 | 2 | 81 |

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/1/2023 - 10/31/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| | | YPE OF REPORT | | | | | | | | | | | |
|---|---------------------------|---------------------------------------|---------|----------|--|--|--|--|--|--|--|--|--|
| | ESTABLISHME | NT-LEVEL REPORT | | | | | | | | | | | |
| | SECTION B - EMPLO | OYER IDENTIFICATION | | | | | | | | | | | |
| OFS COMPANY ID EMPLOYER NAME | | | | | | | | | | | | | |
| G020018 SWEDISH MATCH NORTH AMERICA | | | | | | | | | | | | | |
| ADDRES | SS | CITY/TOWN | STATE | ZIP CODE | | | | | | | | | |
| 1021 EAST CARY STREET, SUITE 1600 RICHMOND VA 23219 | | | | | | | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLI | SHMENT-LEVEL IDENTIFICATION (if appl | icable) | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HE | ADQUARTERS OR ESTABLISHMENT-LEVEL NAM | E | | | | | | | | | | |
| JG93843 | | SMNA-OTP-MIDWEST REGION-SALES | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLIS | HMENT-LEVEL ADDRESS | CITY/TOWN | STATE | ZIP CODE | | | | | | | | | |
| 1201 NORTHWEST BRIARCLIFF PARKWAY, SUITE 345 KANSAS CITY MO 64116 | | | | | | | | | | | | | |
| | SECTION D - EMPLOYER ID | ENTIFICATION NUMBER (EIN) | | | | | | | | | | | |

621257378

SECTION E - EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

- ☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)
 - X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)
 - **X** YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424940 - Tobacco Product and Electronic Cigarette Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| | - 51 | 201101 | , ,, | , 011111 | ORCE | DEMIO | Race/E | | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|--|
| | | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | | | | | |
| | or La | atino | Male | | | | | | | | | Female | | | | |
| 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| First/Mid-Level Officials and Managers | 0 | 1 | 13 | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 19 | |
| Professionals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Sales Workers | 2 | 0 | 52 | 9 | 0 | 1 | 0 | 1 | 21 | 1 | 0 | 0 | 0 | 1 | 88 | |
| Administrative Support Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | |
| 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 | 2 | 1 | 67 | 12 | 0 | 1 | 0 | 1 | 24 | 1 | 0 | 0 | 0 | 1 | 110 | |
| PRIOR 2022 REPORTING YEAR TOTAL | 2 | 1 | 65 | 10 | 0 | 1 | 0 | 1 | 15 | 1 | 0 | 0 | 0 | 0 | 96 | |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

| 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) | | | | | | | | | | | | | OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 | | | | |
|--|--------------------------------|----------|-------|------------------------------|--------|---|-------------------------------------|-------------------|----------|------------------------------|--------|---|--|-------------------|--------------|--|--|
| | | | SECT | TON A | - TYPI | E OF RI | EPORT | | | | | | | | | | |
| | | | ESTA | BLISH | /ENT-l | EVEL I | REPOR | Т | | | | | | | | | |
| | | SECT | ION B | - ЕМР | LOYE | R IDEN | TIFICA | TION | | | | | | | | | |
| OFS COMPANY ID | | | | | | | | OYER N | AME | | | | | | | | |
| G020018 | | | | | SI | NEDISI | H MATO | CH NOF | RTH A | MERICA | ١. | | | | | | |
| ADDRESS | | | | | | | CI | TY/TOW | /N | | | STATE | | ZIP CC | DDE | | |
| 1021 EAST CARY STRE | · | | | | | | | | | | | VA | | 2321 | 19 | | |
| SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HO/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME | | | | | | | | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | | | | | | | | | | | | | | | |
| N581823 | SMNA-OTP-SOUTHERN REGION-SALES | | | | | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHME | | | | | | | | TY/TOW | | | | STATE | | ZIP CC | | | |
| 5328 Lanier Islands Par | kway, S | Suite 10 | 03 | | | | В | UFORI | D | | | GA | | 3051 | 18 | | |
| SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 621257378 | | | | | | | | | | | | | | | | | |
| 62125/3/8 SECTION E – EMPLOYER FILING ELIGIBILITY | | | | | | | | | | | | | | | | | |
| ▼ YES (Employer Is Eligible to File) □ NO (Employer Is Not Eligible to File) □ EMPLOYER NO LONGER IN BUSINESS | | | | | | | | | | | | | | | | | |
| SEC | CTION | | | | | OR DE | | | f applic | able) | | | | | | | |
| YES (Single-Establishm | ant Emn | | - | | | | | | ant Em | nlover is | Fadara | l Contra | ctor) | | | | |
| YES (Single-Establishin | • | • | | | | | | | | | | | | | | | |
| IES (F | ieadquai | | | | | | | • | | | | | actor) | | | | |
| | | | | | | | | | ments 1 | s Federa | Contra | actor) | | | | | |
| 4249 | 940 - To | | | | | INFOR | | | : Whole | esalers | | | | | | | |
| | | | | | | DEMO | | | | | | | | | | | |
| | | | | | | | Race/E | thnicity | / | | | | | | | | |
| | Hisp | | | | | | Not | Hispan | ic or L | atino | | | | | | | |
| | or La | atino | | | M | ale | 1 | | | | Fen | nale | T | | | | |
| JOB CATEGORIES | Male | Female | White | Black or African American | Asian | Native Hawaiian or ther Pacific Islander | American Indian or Alaska Native | Two or More Races | White | Black or African American | Asian | Native Hawaiian or ther Pacific Islander | American Indian or Alaska Native | Two or More Races | Row Total | | |
| | | | 1 | | | Ζŧ | ₹ | ځ | | ⋖ | | ΖĘ | ₽ | _ ≥ | 1 | | |

Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2023 REPORTING YEAR TOTAL** PRIOR 2022 REPORTING YEAR TOTAL

SECTION I – WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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

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

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

| | | YPE OF REPORT NT-LEVEL REPORT | | | | | | | | | | | |
|-------------------------------------|---|---------------------------------------|----------|----------|--|--|--|--|--|--|--|--|--|
| | SECTION B - EMPLO | OYER IDENTIFICATION | | | | | | | | | | | |
| OFS COMPANY ID | | EMPLOYER NAME | | | | | | | | | | | |
| G020018 SWEDISH MATCH NORTH AMERICA | | | | | | | | | | | | | |
| ADDRES | SS | CITY/TOWN | STATE | ZIP CODE | | | | | | | | | |
| 1021 EAST CARY S | 1021 EAST CARY STREET, SUITE 1600 RICHMOND VA 23219 | | | | | | | | | | | | |
| SECTION C - | - HEADQUARTERS OR ESTABLI | SHMENT-LEVEL IDENTIFICATION (if appl | licable) | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | HE | ADQUARTERS OR ESTABLISHMENT-LEVEL NAM | 1E | | | | | | | | | | |
| M063181 | | SMNA-OWENSBORO-PLANT | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLIS | HMENT-LEVEL ADDRESS | CITY/TOWN | STATE | ZIP CODE | | | | | | | | | |
| 1121 INDU: | 1121 INDUSTRIAL DR OWENSBORO KY 42301 | | | | | | | | | | | | |
| | SECTION D - EMPLOYER ID | ENTIFICATION NUMBER (EIN) | | | | | | | | | | | |

542046930

SECTION E - EMPLOYER FILING ELIGIBILITY

X 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 Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

312230 - Tobacco Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

| Race/Ethnicity | | | | | | | | | | | | | | | |
|---|-------|--------|-------|------------------------------|-------|--|-------------------------------------|-------------------|---------|------------------------------|-------|--|-------------------------------------|-------------------|--------------|
| | | | | | | | | | | | | | | | |
| | | anic | | | | | Not | Hispan | ic or L | atino | | nale | | | |
| | or La | atino | | | M | ale | | | | | | | | | |
| 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 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| First/Mid-Level Officials and Managers | 0 | 0 | 48 | 3 | 0 | 0 | 0 | 0 | 24 | 2 | 0 | 0 | 0 | 0 | 77 |
| Professionals | 1 | 0 | 36 | 1 | 0 | 2 | 0 | 0 | 25 | 2 | 0 | 0 | 0 | 1 | 68 |
| Technicians | 1 | 0 | 11 | 0 | 0 | 1 | 0 | 0 | 20 | 0 | 0 | 1 | 0 | 0 | 34 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support Workers | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 27 | 3 | 0 | 0 | 0 | 1 | 32 |
| Craft Workers | 0 | 0 | 92 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 96 |
| Operatives | 3 | 3 | 262 | 24 | 0 | 0 | 1 | 2 | 161 | 15 | 0 | 0 | 1 | 3 | 475 |
| Laborers and Helpers | 1 | 1 | 47 | 3 | 0 | 0 | 0 | 0 | 26 | 5 | 0 | 0 | 0 | 0 | 83 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CURRENT 2023 REPORTING YEAR TOTAL | 6 | 4 | 499 | 33 | 0 | 3 | 1 | 3 | 284 | 27 | 0 | 1 | 1 | 5 | 867 |
| PRIOR 2022 REPORTING YEAR TOTAL | 2 | 1 | 435 | 30 | 0 | 2 | 1 | 3 | 255 | 22 | 0 | 1 | 1 | 2 | 755 |

SECTION I - WORKFORCE SNAPSHOT PERIOD

10/1/2023 - 10/31/2023

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