

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

Date Completed: 12/6/2018 3:39 PM EST

Confirmation Number: 4453

Amended Confirmation Number:

Employer Information

Name: Constellation Brands, Inc.
Address: 207 High Point Drive, Bldg. 100
City: Victor State: NY Zip Code: 14564

Plan Administrator Information

Name: Human Resources Committee of the Board of Directors of Constellation Brands, Inc.
Address: 207 High Point Drive, Bldg. 100
City: Victor State: NY Zip Code: 14564
Phone: 5856787806
Email: brian.bennett@cbrands.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:	Constellation Brands, Inc. 2005 Supplemental Executive Retirement Plan	Number of Employees: 40
ID:2	Plan Name:	Constellation Brands, Inc. Supplemental Executive Retirement Plan	Number of Employees: 25

Additional Information:



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 4453. 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.