

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

Date Completed: 1/19/2024 2:18 PM EST

Confirmation Number: 12637

Amended Confirmation Number:

Employer Information

Name: Saint Leo University  
Address: 33701 State Road 52  
City: Saint Leo  
State: FL  
Zip Code: 33574

Plan Administrator Information

Name: Saint Leo University c/o Chief Finance Officer  
Address: 33701 State Road 52  
City: Saint Leo  
State: FL  
Zip Code: 33574  
Phone: 3525888215  
Email: lwalters@carltonfields.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:	Saint Leo University Deferred Compensation Top Hat Plan	Number of Employees: 12
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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 12637. 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.