

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

Date Completed: 11/6/2024 11:22 AM EST

Confirmation Number: 13950

Amended Confirmation Number:

Employer Information

Name: Lee Health System, Inc.  
Address: 4211 Metro Pkwy  
City: Fort Myers  
State: FL  
Zip Code: 33916

Plan Administrator Information

Name: Alison Thureau - System Director, Human Resources  
Address: 6630 Orion Drive, Suite 102  
City: Fort Myers  
State: FL  
Zip Code: 33912  
Phone: 2393431662  
Email: alison.thureau@leehealth.org

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: Lee Health System, Inc. 457b Retirement Plan Number of  
Employees: 954

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 13950. 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.