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April 9, 2010

Certified Mail/Return Receipt Requested

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor, 200 Constitution Avenue NW
Washington, DC 20210

Re: Selman & Company and Affinity Insurance Marketing, Ltd.

Gentlemen:

On behalf of Selman & Company and Affinity Insurance Marketing, Ltd., I enclose filings being made pursuant to DOL Regulation §2520.104-23.

Thank you for your time and consideration in this matter.

Very truly yours,



Jeffrey M. Folkman

cc: Mr. David L. Selman, President & CEO

Selman & Company
6110 Parkland Boulevard
Cleveland, Ohio 44124

March 2, 2010

Certified Mail—Return Receipt Requested

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor, 200 Constitution Avenue NW.
Washington, DC 20210

Re: Supplemental Pension Granted to Employees

Gentlemen:

In accordance with DOL Reg. §2520.104-23, please be advised as follows:

1. The name and address of the employer is:

Selman & Company
6110 Parkland Boulevard
Cleveland, Ohio 44124
2. The employer identification number of the employer is 31-0984218.
3. The employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. This filing is being made with respect to one (1) such plan ~~that covers~~ three (3) employees.

Thank you for your time and consideration in this matter.

Very truly yours,

Selman & Company

By: 

**Affinity Insurance Marketing, Ltd.
6110 Parkland Boulevard
Cleveland, Ohio 44124**

March 2, 2010

Certified Mail—Return Receipt Requested

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor, 200 Constitution Avenue NW.
Washington, DC 20210

Re: Supplemental Pension Granted to Employee

Gentlemen:

In accordance with DOL Reg. §2520.104-23, pleased be advised as follows:

1. The name and address of the employer is:

Affinity Insurance Marketing, Ltd.
6110 Parkland Boulevard
Cleveland, Ohio 44124
2. The employer identification number of the employer is 34-1965464.
3. The employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. This filing is being made with respect to one (1) such plan that ~~covers one~~
(1) employee.

Thank you for your time and consideration in this matter.

Very truly yours,

Affinity Insurance Marketing, Ltd.

By: 

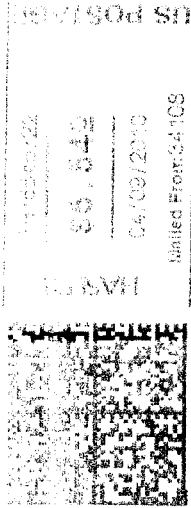
H A H N  L O E S E R

800 Laurel Oak Drive, Suite 600 Naples, Florida 34108



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PS Form 3800, 6/2002



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United From: CA 108

TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMIN., Room N-1513
U.S. DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON DC 20210



04/09/2310