

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>46-1056754</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>800-264-4943</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>524150</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2013</u>		2b Employer Identification Number (EIN) <u>46-1056754</u>		2c Plan Sponsor's telephone number <u>800-264-4943</u>		2d Business code (see instructions) <u>524150</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>10/01/2013</u>											
2b Employer Identification Number (EIN) <u>46-1056754</u>											
2c Plan Sponsor's telephone number <u>800-264-4943</u>											
2d Business code (see instructions) <u>524150</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHESAPEAKE EMPLOYERS' INSURANCE COM ANY</u> <u>8722 LOCH RAVEN BOULEVARD</u> <u>TOWSON, MD 21286</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	FRANK LINARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	348
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	250
a(2) Total number of active participants at the end of the plan year		6a(2)	241
b Retired or separated participants receiving benefits.....		6b	23
c Other retired or separated participants entitled to future benefits		6c	89
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	353
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	354
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	351
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHESAPEAKE EMPLOYERS' INSURANCE COM ANY	D Employer Identification Number (EIN) 46-1056754

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HV2N	52	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FOUNDERS FINANCIAL SECURITIES 1020 CROMWELL BRIDGE RD
ATTN GREG METRINKO
TOWSON, MD 21286-3309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	1002709
c	Additions: (1) Contributions deposited during the year	7c(1)	142215
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	19497
	(4) Transferred from separate account.....	7c(4)	33353
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	195065
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1197774
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9351
	(2) Administration charge made by carrier.....	7e(2)	9764
	(3) Transferred to separate account.....	7e(3)	12783
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	31898
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1165876

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHESAPEAKE EMPLOYERS' INSURANCE COM ANY	D Employer Identification Number (EIN) 46-1056754	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NATIONWIDE INSURANCE
31-4156830

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FOUNDERS FINANCIAL SECURITIES LLC

20-2052994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 64	ADVISORY FIRM	96599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NATIONWIDE INSURANCE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 26 99	TRUST RECORD KEEPER	74413	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHESAPEAKE EMPLOYERS' INSURANCE COM ANY</u>	D Employer Identification Number (EIN) <u>46-1056754</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5411	26013
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15936073	19679075
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1002709	1165875
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	16944193 20870963
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16944193 20870963

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1486435
	(B) Participants	2a(1)(B)	1127983
	(C) Others (including rollovers).....	2a(1)(C)	311198
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2925616
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-54
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	0
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	-54
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2603778
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5529340
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1491455	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1491455
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	111115	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		111115
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1602570
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3926770
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SC&H ATTEST SERVICES P.C.

(2) EIN: 52-1743645

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHESAPEAKE EMPLOYERS' INSURANCE COM ANY	D Employer Identification Number (EIN) 46-1056754

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY
401(k) PLAN

Financial Statements
Together with Independent Auditors' Report

As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Chesapeake Employers' Insurance Company 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of the Chesapeake Employers' Insurance Company 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Nationwide Life Insurance Company, the Custodian of the Plan, as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section-

- The amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Chesapeake Employers' Insurance Company 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Chesapeake Employers' Insurance Company 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Chesapeake Employers' Insurance Company 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chesapeake Employers' Insurance Company 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Chesapeake Employers' Insurance Company 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated, October 1, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

SC + H Attest Services, P.C.

October 12, 2022

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2021</i>	<i>2020</i>
Assets		
Investments, at fair value	\$ 19,705,087	\$ 15,941,484
Investment, at contract value	1,165,876	1,002,709
Total Assets	20,870,963	16,944,193
Liabilities		
Mandatory Distributions Payable	26,732	42,964
Net Assets Available for Benefits	\$ 20,844,231	\$ 16,901,229

The accompanying notes are an integral part of these financial statements.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Participants	\$ 1,127,984
Company	1,486,435
Rollovers	311,198
Total Contributions	2,925,617
Investment Income	
Net appreciation of investments at fair value	2,584,228
Net appreciation of investment at contract value	19,497
Total Investment Income	2,603,725
Benefits Paid to Participants	(1,475,225)
Administrative Expenses	(111,115)
Net Increase in Net Assets Available for Benefits	3,943,002
Net Assets Available for Benefits:	
Beginning of Year	16,901,229
End of Year	\$ 20,844,231

The accompanying notes are an integral part of this financial statement.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements As of December 31, 2021 and 2020 and For the Year Ended December 31, 2021

1. PLAN DESCRIPTION

The following description of the Chesapeake Employers' Insurance Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was established by Chesapeake Employers' Insurance Company (the Company) effective October 1, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and on January 1, 2020, the Plan adopted the hardship provisions to comply with the Bipartisan Budget Act of 2018. The Plan was most recently amended and restated on August 1, 2022, to bring the plan into compliance with the legislative and regulatory changes set forth in IRS Notice 2017-37 (i.e., the 6-year pre-approved plan restatement cycle).

Eligibility

Employees may enter the Plan following attainment of 18 years of age. Union employees whose employment is governed by a collective bargaining agreement, non-resident aliens with no U.S. source income, leased employees, and temporary or seasonal employees whose regular scheduled service is less than 1,000 hours of service per year, are not eligible for the Plan. However, temporary and seasonal employees who complete one year of service in any year of employment or permanent part-time employees, as defined by the Plan, will become eligible to enter the Plan. Employees may enter the Plan immediately following the completion of the eligibility requirements.

Participant Contributions

Participants may contribute a specific percentage or dollar amount of their annual compensation, as defined by the Plan, on a pre-tax or Roth basis, not to exceed the maximum allowable contribution under Section 402(g) of the Internal Revenue Code (the Code), which totaled \$19,500 for the year ended December 31, 2021. Participants' Roth elective contributions are allocated to a separate account maintained for such contributions. Roth elective contributions are treated as elective contributions for all purposes under the Plan. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$6,500 for the year ended December 31, 2021.

Participants are permitted to make pre-tax and Roth rollover contributions to the Plan from other qualified plans.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021

1. PLAN DESCRIPTION – cont'd.

Company Safe Harbor Contributions

To satisfy the safe harbor rules, the Company commits to making a non-elective contribution, per pay period, to the Plan equal to 3% of each participant's compensation. All participants are eligible for safe harbor contributions upon meeting Plan eligibility requirements. The Company safe harbor contributions totaled \$557,414 for the year ended December 31, 2021.

Company Profit Sharing Contributions

The Company may also make discretionary profit sharing contributions to the Plan. During the year ended December 31, 2021, the discretionary profit sharing contributions were made per pay period and were equal to 5% of each eligible participant's compensation. All participants are eligible for the profit sharing contributions upon meeting the Plan eligibility requirements. The Company profit sharing contributions totaled \$929,021 for the year ended December 31, 2021.

Participant Accounts

Each participant's account is participant directed and credited with the participant's contributions and withdrawals and allocations of Company contributions. Any investment income and administrative expenses are allocated to participant accounts based upon the balance in each participant account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their participant contributions, rollover contributions, safe harbor contributions and earnings thereon. Participants hired before October 1, 2018 are 100% vested in discretionary profit sharing contributions as well as earnings thereon. Participants hired on or after October 1, 2018 vest in discretionary profit sharing contributions plus earnings thereon based on years of service, as defined by the Plan, according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021

1. PLAN DESCRIPTION – cont'd.

Payment of Benefits

Benefit payments are available to participants (or their beneficiary, in the event of death) upon retirement (age 65), early retirement (age 60 and completion of five years of service), termination of employment, death, attainment of age 59 ½ or disability. Prior to retirement, benefit payments may be distributed in the form of a lump-sum payment or rollover into another qualified plan. With respect to required minimum distributions, installments are permitted at the election of the participant over a period not to exceed the participant's lifetime. The Plan also allows for hardship and in-service withdrawals, under certain circumstances, as defined in the Plan agreement. Hardship withdrawals may only be taken from participant deferral accounts. In all cases, certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. There were no net assets of the Plan allocated to accounts of participants who had elected to withdraw from the Plan that had not received such distributions as of December 31, 2021 and 2020.

Notes Receivable from Participants

Notes receivable from participants are not permitted by the Plan.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2021, the Company elected to pay a portion of the Plan's direct expenses. Plan expenses that are incurred by, or are attributable to, a particular participant will be assessed against the participant's account. Distribution fees are paid by the Plan and its participants. Investment-related expenses are included in net appreciation in the fair value of investments.

Forfeitures

Forfeitures of non-vested Company contributions can be used to reduce future Company contributions or may be redistributed to eligible plan participants. Forfeitures become available for use during the year in which the forfeiture occurs. During the year ended December 31, 2021, no forfeitures were used to reduce Company contributions or redistributed to eligible plan participants. The balance of forfeited non-vested accounts totaled \$26,013 and \$5,411 as of December 31, 2021 and 2020, respectively.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

**Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates and assumptions.

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

Investments, with the exception of the fully benefit-responsive investment contract, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

Interests in registered investment companies: Valued at the closing price reported in the active market in which the funds are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in methodologies used at December 31, 2021 and 2020.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements As of December 31, 2021 and 2020 and For the Year Ended December 31, 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement – cont'd.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 19,705,087	\$ -	\$ -	\$ 19,705,087
Total investments, at fair value	\$ 19,705,087	\$ -	\$ -	\$ 19,705,087

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 15,941,484	\$ -	\$ -	\$ 15,941,484
Total investments, at fair value	\$ 15,941,484	\$ -	\$ -	\$ 15,941,484

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 12, 2022, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed within Note 1.

3. INVESTMENTS

All investment information contained in the accompanying financial statements and supplemental schedule, including assets held at December 31, 2021 and 2020 and net appreciation in fair value of investments for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide Life Insurance Company, the Custodian of the Plan.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

**Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021**

4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by an affiliate of Nationwide Life Insurance Company, who acts as Custodian to the Plan. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules.

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in the Nationwide Fixed Select Fund which is a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. Traditional contract values held by the Plan totaled \$1,165,876 and \$1,002,709 as of December 31, 2021 and 2020, respectively.

With traditional investment contracts, the Plan owns only the contract itself and not the underlying investment. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuer.

The traditional investment contract held by the Plan is a group annuity contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than .5%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated by the issuer before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT – cont'd.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

6. INCOME TAX STATUS

The Plan adopted a prototype non-standardized profit sharing plan with a deferral arrangement, which received a favorable opinion from the Internal Revenue Service (IRS) dated March 31, 2012, stating that the Plan is qualified under Section 401(a) of the Code and therefore, the related trust is exempt from taxation. Effective August 1, 2022, the Plan adopted a restated pre-approved plan with a deferral arrangement, which received a favorable opinion from the IRS dated June 30, 2020, stating that the Plan is qualified under Section 401(a) of the Code and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been recorded in the accompanying financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2021 and 2020.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits in progress for any tax periods.

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

Notes to the Financial Statements As of December 31, 2021 and 2020 and For the Year Ended December 31, 2021

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, all interests of the affected participants not previously vested would become fully vested and non-forfeitable. The net assets of the Plan would be distributed to participants based upon individual interests in the Plan.

8. MANDATORY DISTRIBUTIONS PAYABLE

The Plan did not distribute mandatory distributions to participants who were terminated prior to year-end and had a vested account balance of less than \$5,000. As of December 31, 2021 and 2020, the mandatory distributions payable totaled \$26,732 and \$42,964, respectively, which were required to be made and are recorded as mandatory distributions payable in the accompanying statements of net assets available for benefits.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits reported on the financial statements to the Form 5500 as of December 31,:

	2021	2020
Net assets available for benefits reported		
on the financial statements	\$ 20,844,231	\$ 16,901,229
Mandatory distributions payable	26,732	42,964
Net assets available for benefits		
reported on the Form 5500	\$ 20,870,963	\$ 16,944,193

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2021:

Net increase in net assets available for benefits	
reported on the financial statements	\$ 3,943,002
Change in mandatory distributions payable	(16,232)
Net increase in net assets available for benefits	
reported on the Form 5500	\$ 3,926,770

CHESAPEAKE EMPLOYERS' INSURANCE COMPANY 401(k) PLAN

**Notes to the Financial Statements
As of December 31, 2021 and 2020 and
For the Year Ended December 31, 2021**

10. CORONAVIRUS AID, RELIEF, ECONOMIC AND SECURITY ACT

On March 27, 2020, Congress passed the Coronavirus Aid, Relief, Economic and Security (CARES) Act to help the United States economy and workers in the midst of the Coronavirus pandemic. The CARES Act includes numerous provisions related to retirement plans. Effective April 1, 2020, the Plan decided to amend to allow for Coronavirus penalty-free distributions for qualified individuals up to \$100,000 through December 31, 2020 and provide a temporary waiver of required minimum distributions required to be paid in 2020 from the date the CARES Act was enacted and continuing for 180 days.

SUPPLEMENTAL SCHEDULE PROVIDED PURSUANT TO
THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

**CHESAPEAKE EMPLOYERS' INSURANCE
COMPANY 401(k) PLAN**

**Plan Sponsor EIN: 46-1056754
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	* Nationwide Fixed Select Fund	Group annuity contract	xx	\$ 1,165,876
	AB Global Bond Fund Class I	Interest in registered investment companies	xx	43,407
	AB Global Real Estate Investment Fund Class I	Interest in registered investment companies	xx	1,043
	AllianzGI Technology Fund Institutional	Interest in registered investment companies	xx	2,049
	American Beacon International Eq Institutional	Interest in registered investment companies	xx	13,332
	American Century Equity Growth Institutional	Interest in registered investment companies	xx	6,677
	American Funds EuroPacific Growth R6	Interest in registered investment companies	xx	315,628
	American Funds Growth Fund of America R6	Interest in registered investment companies	xx	604,668
	American Funds Washington Mutual R6	Interest in registered investment companies	xx	136,564
	AMG Chicago Equity Partners Balanced Fund Class Z	Interest in registered investment companies	xx	1,642
	Avantis US Small Cap Value Fund Institutional Class	Interest in registered investment companies	xx	22,972
	Baron Opportunity Fund Institutional	Interest in registered investment companies	xx	1,486
	Baron Partners Fund Institutional	Interest in registered investment companies	xx	470,668
	BlackRock Advantage Small Cap Growth Fund Institutional	Interest in registered investment companies	xx	187
	BlackRock High Yield Bond Portfolio Class K	Interest in registered investment companies	xx	66,569
	BlackRock Mid-Cap Growth Equity Portfolio Institutional	Interest in registered investment companies	xx	45,193
	BlackRock Strategic Income Opportunity Institutional Fund	Interest in registered investment companies	xx	24,758
	BlackRock Total Return Fund Class K	Interest in registered investment companies	xx	22,196
	BNY Mellon Small/Mid Cap Growth Fund Class I	Interest in registered investment companies	xx	6,103
	Brown Advisory Sustainable Growth Fund Institutional Shares	Interest in registered investment companies	xx	537
	Calvert Social Index Class I	Interest in registered investment companies	xx	60,105
	ClearBridge Select Fund Class I	Interest in registered investment companies	xx	537
	Columbia Select Large Cap Growth R5	Interest in registered investment companies	xx	119,630
	Columbia Small Cap Growth Fund Institutional 3 Class	Interest in registered investment companies	xx	656
	Davis Real Estate Fund Class Y	Interest in registered investment companies	xx	1,089
	DFA Emerging Markets Core Equity I	Interest in registered investment companies	xx	90,161
	DFA Global Real Estate Securities Portfolio	Interest in registered investment companies	xx	5,496
	DFA U.S. Large Cap Value Portfolio Institutional Class	Interest in registered investment companies	xx	117,052
	Diamond Hill Mid-Cap Fund Class I	Interest in registered investment companies	xx	47,565
	Dodge and Cox International Stock Fund	Interest in registered investment companies	xx	102,620
	Dreyfus Bond Market Index Basic	Interest in registered investment companies	xx	131,287
	Eaton Vance Atlanta Capital Small/Mid-Cap Fund Class I	Interest in registered investment companies	xx	41,744
	Emerald Financial Banking Innovation Fund - Institutional	Interest in registered investment companies	xx	2,080
	Emerald Growth Fund Institutional Class	Interest in registered investment companies	xx	40,847
	Federated Prudent Bear Fund Institutional	Interest in registered investment companies	xx	30
	Fidelity 500 Index Fund	Interest in registered investment companies	xx	219,373
	Fidelity Advisor Biotechnology Institutional Class I	Interest in registered investment companies	xx	1,802
	Fidelity Advisor China Region Fund	Interest in registered investment companies	xx	1,519
	Fidelity International Index Fund	Interest in registered investment companies	xx	125,749
	Fidelity Small Cap Grade Index Fund	Interest in registered investment companies	xx	817
	Fidelity U.S. Bond Index Fund	Interest in registered investment companies	xx	69,722
	Franklin Rising Dividends Advisor	Interest in registered investment companies	xx	151,105
	Goldman Sachs Commodity Strategy Fund Institutional Class	Interest in registered investment companies	xx	1,529
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Interest in registered investment companies	xx	102,082
	Government Obligations Fund	Interest in registered investment companies	xx	26,013
	Harbor International Growth Fund Institutional	Interest in registered investment companies	xx	21,749
	Invesco Energy Fund R5 Class	Interest in registered investment companies	xx	1,734
	Ivy Pictet Emerging Markets Local Currency Debt Fund Class I	Interest in registered investment companies	xx	1,622
	Janus Balanced Class I	Interest in registered investment companies	xx	20,654
	Janus Henderson Global Technology Fund Class N	Interest in registered investment companies	xx	8,920
	JPMorgan Equity Income Fund Class R5	Interest in registered investment companies	xx	119,753
	MainStay Epoch U.S. Equity Yield Fund Class I	Interest in registered investment companies	xx	11,586
	MFS Total Return R4	Interest in registered investment companies	xx	29,698
	Morgan Stanley Institutional Fund Trust Discovery Portfolio Class I	Interest in registered investment companies	xx	5,211
	Morgan Stanley Institutional Fund, Inc. Growth Portfolio Class I	Interest in registered investment companies	xx	8,631
	Morgan Stanley Institutional Fund, Inc. Inception Portfolio Class I	Interest in registered investment companies	xx	2,333

* Denotes a party-in-interest, as defined by ERISA

xx Not required as investment is participant-directed

**CHESAPEAKE EMPLOYERS' INSURANCE
COMPANY 401(k) PLAN**

**Plan Sponsor EIN: 46-1056754
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2021**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	* Nationwide Loomis All Cap Growth R6	Interest in registered investment companies	xx	\$ 97,453
	* Nationwide Small Cap Index Institutional	Interest in registered investment companies	xx	11,428
	Oppenheimer Global Opportunities Fund Class Y	Interest in registered investment companies	xx	4,958
	Parnassus Core Equity Institutional	Interest in registered investment companies	xx	750,356
	PGIM Total Return Bond Fund -Class R6	Interest in registered investment companies	xx	58,474
	PIMCO Commodity Real Rtn Strat	Interest in registered investment companies	xx	30,102
	PIMCO Real Return Fund Institutional	Interest in registered investment companies	xx	47,551
	PIMCO Total Return Institutional	Interest in registered investment companies	xx	106,808
	PNC International Equity Fund Class Institutional	Interest in registered investment companies	xx	4,333
	Principal Global Real Estate Securities Fund Class R-6	Interest in registered investment companies	xx	30,334
	Prudential Jennison Utility Class Z	Interest in registered investment companies	xx	2,971
	T. Rowe Price Communications and Technology Fund	Interest in registered investment companies	xx	3,290
	T. Rowe Price Financial Services	Interest in registered investment companies	xx	37,396
	T. Rowe Price Health Science	Interest in registered investment companies	xx	16,335
	T. Rowe Price New Era	Interest in registered investment companies	xx	2,492
	T. Rowe Price Science and Technology Fund	Interest in registered investment companies	xx	4,095
	T. Rowe Price Small-Cap Value	Interest in registered investment companies	xx	222,070
	Templeton Global Bond Advisor	Interest in registered investment companies	xx	45,362
	Thompson Bond Fund	Interest in registered investment companies	xx	1,021
	TIAA-CREF Real Estate Securities Fund Institutional Class	Interest in registered investment companies	xx	1,048
	Touchstone Global ESG Equity Fund Class Y	Interest in registered investment companies	xx	64,274
	Touchstone Sands Capital Select Growth Fund Institutional	Interest in registered investment companies	xx	8,058
	Touchstone Ultra Short Duration Fixed Income Fund Class A	Interest in registered investment companies	xx	3,751
	USAA Nasdaq 100 Index Fund R6 Shares	Interest in registered investment companies	xx	40
	VanEck International Investors Gold Fund Class I	Interest in registered investment companies	xx	1,509
	Vanguard Dividend Growth Fund Investor Shares	Interest in registered investment companies	xx	430
	Vanguard 500 Index Fund Admiral	Interest in registered investment companies	xx	732,770
	Vanguard Energy Fund Admiral	Interest in registered investment companies	xx	1,505
	Vanguard Energy Index Fund Admiral Shares	Interest in registered investment companies	xx	40
	Vanguard European Stock Index Admiral	Interest in registered investment companies	xx	156,442
	Vanguard Explorer Admiral	Interest in registered investment companies	xx	36,761
	Vanguard Extended Market Index Admiral	Interest in registered investment companies	xx	233,639
	Vanguard Financials Index Fund Admiral Shares	Interest in registered investment companies	xx	41
	Vanguard Growth Index Admiral	Interest in registered investment companies	xx	1,818,952
	Vanguard Health Care Admiral Fund	Interest in registered investment companies	xx	11,951
	Vanguard Health Care Investor	Interest in registered investment companies	xx	4,057
	Vanguard High Yield Corporate Fund Admiral Shares	Interest in registered investment companies	xx	438
	Vanguard Mid-Cap Growth Index Admiral Fund	Interest in registered investment companies	xx	280,529
	Vanguard Mid-Cap Index Admiral Fund	Interest in registered investment companies	xx	55,722
	Vanguard REIT Index Admiral	Interest in registered investment companies	xx	103,786
	Vanguard Small-Cap Growth Index Admiral Fund	Interest in registered investment companies	xx	449,694
	Vanguard Small-Cap Index Admiral Fund	Interest in registered investment companies	xx	19,604
	Vanguard Small-Cap Value Index Admiral Fund	Interest in registered investment companies	xx	213,537
	Vanguard Target Retirement 2015 Investor	Interest in registered investment companies	xx	69,366
	Vanguard Target Retirement 2020 Investor	Interest in registered investment companies	xx	1,898,884
	Vanguard Target Retirement 2025 Investor	Interest in registered investment companies	xx	1,625,529
	Vanguard Target Retirement 2030 Investor	Interest in registered investment companies	xx	1,563,425
	Vanguard Target Retirement 2035 Investor	Interest in registered investment companies	xx	598,644
	Vanguard Target Retirement 2040 Investor	Interest in registered investment companies	xx	477,947
	Vanguard Target Retirement 2045 Investor	Interest in registered investment companies	xx	846,466
	Vanguard Target Retirement 2050 Investor	Interest in registered investment companies	xx	753,853
	Vanguard Target Retirement 2055 Investor	Interest in registered investment companies	xx	1,080,533
	Vanguard Target Retirement 2060 Investor	Interest in registered investment companies	xx	643,486
	Vanguard Target Retirement 2065 Fund	Interest in registered investment companies	xx	25
	Vanguard Target Retirement Income Investor	Interest in registered investment companies	xx	187,738
	Vanguard Total Bond Market Index Fund Admiral	Interest in registered investment companies	xx	11,712
	Vanguard Total Stock Market Index Fund Admiral	Interest in registered investment companies	xx	82,231
	Vanguard Value Index Admiral	Interest in registered investment companies	xx	669,404
	Victory Sycamore Established Value Fund Class I	Interest in registered investment companies	xx	25,086
	Virtus Vontobel Emerging Markets Opportunities Fund Class I	Interest in registered investment companies	xx	17,171
				\$ 19,705,087

* Denotes a party-in-interest, as defined by ERISA

xx Not required as investment is participant-directed

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning		and ending
A Name of plan	B Three-digit plan number (PN)	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a			

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AB GlbRealEstInvmt I		1,043
	Nationwide Life Insurance	AB Glbl Bd I		43,407
	Nationwide Life Insurance	AMGGW&K Glbl Alloc N		1,642
	Nationwide Life Insurance	AmBcn Intl Eq R5		13,332
	Nationwide Life Insurance	AmCent Eq Gr I		6,677
	Nationwide Life Insurance	AmFds EuroPacfc Gr R6		315,628
	Nationwide Life Insurance	AmFds Gr Fd Am R6		604,668

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AmFds Wshngtn Mut Inv R6		136,564
	Nationwide Life Insurance	Avnts US SmCap Val Inst		22,972
	Nationwide Life Insurance	BNYMe1 Bd Mkt Indx I		131,287
	Nationwide Life Insurance	BNYMe1 SmMdCap Gr I		6,103
	Nationwide Life Insurance	Baron Disc Inst		1,622
	Nationwide Life Insurance	Baron Oppr Inst		1,486
	Nationwide Life Insurance	Baron Ptnrs Inst		470,668

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk Advtg SmCap Gr Inst		187
	Nationwide Life Insurance	BlkRk Hi Yld Bd Port K		66,569
	Nationwide Life Insurance	BlkRk MdCap Gr Eq Inst		45,193
	Nationwide Life Insurance	BlkRk Strat Inc Oppr I		24,758
	Nationwide Life Insurance	BlkRk Ttl Rtn K		22,196
	Nationwide Life Insurance	BrwnAdv Sustnbl Gr Inst		537
	Nationwide Life Insurance	Clvrt Soc Indx I		60,105

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Col Sel LgCap Gr Inst2		119,630
	Nationwide Life Insurance	Col SmCap Gr Inst3		656
	Nationwide Life Insurance	DFA Emrg Mkt Cor Eq Inst		90,161
	Nationwide Life Insurance	DFA Glbl RealEst Sec Inst		5,496
	Nationwide Life Insurance	DFA US LgCap Val Inst		117,052
	Nationwide Life Insurance	Davis RealEst Y		1,089
	Nationwide Life Insurance	Diamond Hill MdCap I		47,565

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	DodgeCox Intl Stk		102,620
	Nationwide Life Insurance	EV Atlnta Cap SMID Cap I		41,744
	Nationwide Life Insurance	Emerald Fin Bk Innov Inst		2,080
	Nationwide Life Insurance	Emerald Gr Inst		40,847
	Nationwide Life Insurance	Fed Hrms Gov Oblgtns Prmr		26,013
	Nationwide Life Insurance	Fed Hrms Intl Eq Inst		4,333
	Nationwide Life Insurance	Fed Hrms Prudnt Bear Inst		30

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fid 500 Indx		219,373
	Nationwide Life Insurance	Fid Intl Indx		125,749
	Nationwide Life Insurance	Fid SmCap Gr Indx		817
	Nationwide Life Insurance	Fid US Bd Indx		69,722
	Nationwide Life Insurance	FidAdv Bio Inst		1,802
	Nationwide Life Insurance	FidAdv China Reg Inst		1,519
	Nationwide Life Insurance	Fnkln Ris Divd Adv		151,105

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	FnklnTmp Glbl Bd Adv		45,362
	Nationwide Life Insurance	GdmnScs Comdty Strat Inst		1,529
	Nationwide Life Insurance	GdmnScs GQGPtrnIntlOppr R6		102,082
	Nationwide Life Insurance	Harbor Intl Gr Inst		21,749
	Nationwide Life Insurance	Invsco Enrgy R5		1,734
	Nationwide Life Insurance	Invsco Glbl Oppr Y		4,958
	Nationwide Life Insurance	JPM Eq Inc R5		119,753

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	JnsHndrsn Bal I		20,654
	Nationwide Life Insurance	JnsHndrsn GblTech Innov N		8,920
	Nationwide Life Insurance	LeggM ClrBrdg Sel I		537
	Nationwide Life Insurance	MFS Ttl Rtn R4		29,698
	Nationwide Life Insurance	MSIF Disc I		5,211
	Nationwide Life Insurance	MSIF Incptn I		2,333
	Nationwide Life Insurance	MSIF Inst Gr I		8,631

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	MnSty Epoch US Eq Yld I		11,586
	Nationwide Life Insurance	NW FXD SEL OPTN		1,165,876
	Nationwide Life Insurance	NW Loomis AllCap Gr R6		97,453
	Nationwide Life Insurance	NW SmCap Indx R6		11,428
	Nationwide Life Insurance	PGIM Jnism Util Z		2,971
	Nationwide Life Insurance	PGIM Ttl Rtn Bd R6		58,474
	Nationwide Life Insurance	PIMCO Real Rtn Inst		47,551

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	PIMCO Ttl Rtn Inst		106,808
	Nationwide Life Insurance	PIMCOComdyRealRtnStratInst		30,102
	Nationwide Life Insurance	Parnassus Cor Eq Inst		750,356
	Nationwide Life Insurance	Prncpl Gbl RealEst R6		30,334
	Nationwide Life Insurance	TIAACRF RealEst Sec Inst		1,048
	Nationwide Life Insurance	TRowePr Comm Tech		3,290
	Nationwide Life Insurance	TRowePr Fin Svc		37,396

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	TRowePr Hlth Scnc		16,335
	Nationwide Life Insurance	TRowePr New Era		2,492
	Nationwide Life Insurance	TRowePr Scnc Tech		4,095
	Nationwide Life Insurance	TRowePr SmCap Val		222,070
	Nationwide Life Insurance	Tchstn Sands Cap Sel Gr I		8,058
	Nationwide Life Insurance	Tchstn Sustnbl Impct Eq Y		64,274
	Nationwide Life Insurance	Tchstn UltrShrtDurFxdInc A		3,751

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Thmpsn Bd		1,021
	Nationwide Life Insurance	USAA Nasdaq 100 Indx R6		40
	Nationwide Life Insurance	VanEck Intl Inv Gold Inst		1,509
	Nationwide Life Insurance	Vic Syc Estblshd Val I		25,086
	Nationwide Life Insurance	Virtus AllnzGI Tech Inst		2,049
	Nationwide Life Insurance	Virtus Von EmrgMkt Oppr I		17,177
	Nationwide Life Insurance	Vngrd 500 Index Fd AS		732,770

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Divd Gr Inv		430
	Nationwide Life Insurance	Vngrd Enrgy Adml		1,505
	Nationwide Life Insurance	Vngrd Enrgy Indx Adml		40
	Nationwide Life Insurance	Vngrd Euro Stk Indx Adml		156,442
	Nationwide Life Insurance	Vngrd Explr Adml		36,761
	Nationwide Life Insurance	Vngrd Extnd Mkt Indx Adml		233,639
	Nationwide Life Insurance	Vngrd Fin Indx Adml		41

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Gr Indx Adml		1,818,952
	Nationwide Life Insurance	Vngrd Hi Yld Corp Adml		439
	Nationwide Life Insurance	Vngrd Hlth Care Adml		11,951
	Nationwide Life Insurance	Vngrd Hlth Care Inv		4,057
	Nationwide Life Insurance	Vngrd MdCap Gr Indx Adml		280,529
	Nationwide Life Insurance	Vngrd MdCap Val Indx Adml		55,722
	Nationwide Life Insurance	Vngrd RealEst Indx Adml		103,786

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Sm Cap Indx Fd AS		19,604
	Nationwide Life Insurance	Vngrd SmCap Gr Indx Adml		449,694
	Nationwide Life Insurance	Vngrd SmCap Val Indx Adml		213,537
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2015 Inv		69,366
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2020 Inv		1,898,884
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2025 Inv		1,625,529
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2030 Inv		1,563,425

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2035 Inv		598,644
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2040 Inv		477,947
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2045 Inv		846,466
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2050 Inv		753,853
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2055 Inv		1,080,533
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2060 Inv		643,486
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2065 Inv		25

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Chesapeake Employers' Insurance Company 401(k) Plan

EIN: 46-1056754

Plan Sponsor's Name Chesapeake Employers' Insurance Com any

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt Inc		187,738
	Nationwide Life Insurance	Vngrd Ttl Bnd Mkt ldx Adm		11,731
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		82,231
	Nationwide Life Insurance	Vngrd Val Indx Adml		669,404