## 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

Part I		dentification Information					
For cale	or calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021						
A This	return/report is for:	a multiemployer plan	ш	oloyer plan (Filers checking this l mployer information in accordan		ons.)	
		X a single-employer plan	a DFE (specify	/)			
<b>B</b> This i	return/report is:	the first return/report	the final return	/report			
		an amended return/report	a short plan ye	ear return/report (less than 12 m	onths)		
C If the	plan is a collectively-barg	gained plan, check here			×		
<b>D</b> Chec	k box if filing under:	X Form 5558	automatic exte	ension	the DFVC program		
	J	special extension (enter description	on)				
<b>E</b> If this	is a retroactively adopted	d plan permitted by SECURE Act section	201, check here		П		
Part II	, ,	mation—enter all requested information	*				
1a Nam	ne of plan	·			<b>1b</b> Three-digit plan number (PN) ▶	504	
NOKIA	RETIREE WELFARE BE	ENEFITS PLAN			<b>1c</b> Effective date of p 10/01/1996	lan	
Mail City	ing address (include roon or town, state or province	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box) e, country, and ZIP or foreign postal code		uctions)	2b Employer Identification Number (EIN) 22-3408857		
NOKIA	OF AMERICA CORPORA	ATION			<b>2c</b> Plan Sponsor's telephone number 908-723-9869		
	DUNTAIN AVENUE, ROO AY HILL, NJ 07974	M 6D-401A			2d Business code (see instructions) 334200		
Caution	· A nonalty for the late o	or incomplete filing of this return/repo	rt will be assessed	unloss roasonable cause is es	stablished		
Under pe	enalties of perjury and oth	ner penalties set forth in the instructions, well as the electronic version of this return	I declare that I have	examined this return/report, incl	uding accompanying scho		
SIGN Filed with authorized/valid electronic signature. 09/21/2022 INGRID ORAV							
TILIXL	HERE Signature of plan administrator Date Enter name of individual signing						
SIGN HERE							
TIERE	Signature of employer	/plan sponsor	Date	Enter name of individual signi	ng as employer or plan sp	onsor	
SIGN							
HERE	Signature of DFE		Date	Enter name of individual signi	ing as DFE		

	Form 5500 (2021)	Page <b>2</b>		
3a	Plan administrator's name and address X Same as Plan Sponsor		<b>3b</b> Administra	ator's EIN
			3c Administra	itor's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed since enter the plan sponsor's name, EIN, the plan name and the plan number from		<b>4b</b> EIN	
a c	Sponsor's name Plan Name		4d PN	
5	Total number of participants at the beginning of the plan year		5	70385
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	(welfare plans complete only lines 6a(1),		
a(	1) Total number of active participants at the beginning of the plan year		6a(1)	0
a(	2) Total number of active participants at the end of the plan year		6a(2)	0
b	Retired or separated participants receiving benefits		6b	66194
С	Other retired or separated participants entitled to future benefits		6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c		6d	66194
е	Deceased participants whose beneficiaries are receiving or are entitled to receiving	eive benefits	6e	
f	Total. Add lines 6d and 6e		6f	
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	
h	Number of participants who terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only m	nultiemployer plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature code  If the plan provides welfare benefits, enter the applicable welfare feature code  4A 4B 4D			
9a 10	Plan funding arrangement (check all that apply)  (1)	Plan benefit arrangement (check all the (1)	insurance contr	
	Pension Schedules	b General Schedules	(-	,
u	(1) R (Retirement Plan Information)	(1) X H (Financial Inform	mation)	

(2)

(3)

(4)

(5)

(6)

X

X

X

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(2)

(3)

actuary

I (Financial Information – Small Plan)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

C (Service Provider Information)

23 A (Insurance Information)

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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.)	
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.)	
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 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	

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

For calendar plan year 202	For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021							
A Name of plan					<b>B</b> Three-digit			
NOKIA RETIREE WELFA	ARE BENEFIT	'S PLAN			plan	number (PN)	•	504
C Plan spansor's name a	C Plan sponsor's name as shown on line 2a of Form 5500					yer Identification N	umbor (	EINI)
NOKIA OF AMERICA CO						3408857	umber (	EIIN)
NORIA OF AMERICA CO	KFOKATION				22	040007		
		rning Insurance Contra  A. Individual contracts grouped						
1 Coverage Information:		-				-		
(a) Name of insurance ca	rrier							
UHC OF COLORADO								
	( ) ) ) ( )	(1) 0		(e) Approximate nu	ımber of	Poli	icy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number		persons covered at	t end of	(f) From		<b>(g)</b> To
	0000	100111110011011111001		policy or contract	t year	(1) 110		(9)
84-1004639	95090	092027		62		01/01/2021		12/31/2021
2 Insurance fee and coming descending order of the		nation. Enter the total fees and t	total	commissions paid. Li	st in line 3	the agents, brokers	s, and o	ther persons in
		nmissions paid			<b>(b)</b> To	tal amount of fees	paid	
(1)					(-7			
3 Porcons receiving com	missions and	fees. (Complete as many entrie	00.00	nooded to report all a	norcone)			
J Fersons receiving com		and address of the agent, broke				ions or fees were n	aid	
	(a) Name	and address of the agent, broke	OI, OI	other person to who	II COITIIII33	ions of ices were p	aiu	
	T							T
(b) Amount of sales ar	nd base	Ę	ees	and other commission	ns paid			
commissions pai	id	(c) Amount		(d) Purpose				(e) Organization code
	(a) Name	and address of the agent, broke	er, or	other person to whor	n commiss	ions or fees were p	aid	
		-	000	and other commission	ne poid			
(b) Amount of sales ar commissions pai		(c) Amount	<del>CCS</del> (		is paid (d) Purpose			(e) Organization code
commissions par	u	(C) Amount			(u) i dipost	<u>,                                      </u>		(e) Organization code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the previous year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art III Welfare Benefit Contract Informat	ion				
	If more than one contract covers the same gr		e same emp	lover(s) or members of	the same em	nplovee organizations(s).
	the information may be combined for reportin					
	employees, the entire group of such individua	Il contracts with each ca	arrier may be	e treated as a unit for pu	irposes of th	is report.
8	Benefit and contract type (check all applicable boxes)					
		Dental	С	Vision		d Life insurance
		Long-term disabili	_	Supplemental unemp		<b>h</b> ☐ Prescription drug
		<u>=</u>			oloyineni i	
		X HMO contract	ΚĮ	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
						T
	Experience-rated contracts:					_
	a Premiums: (1) Amount received		9a(1)			_
	(2) Increase (decrease) in amount due but unpaid.					_
	(3) Increase (decrease) in unearned premium reser	ve	9a(3)		T	
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</b> Benefit charges (1) Claims paid					_
	(2) Increase (decrease) in claim reserves		9b(2)		T	
	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(4) Claims charged				9b(4)	
	<b>c</b> 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)	0
	(2) Dividends or retroactive rate refunds. (These a	mounts were paid ir	n cash, or	credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1)				9d(1)	
	(2) Claim reserves	·			9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not				9e	1
10	Nonexperience-rated contracts:			, ,		
	<b>a</b> Total premiums or subscription charges paid to car	rier			10a	329710
	<b>b</b> If the carrier, service, or other organization incurred	d any specific costs in o	connection w	ith the acquisition or		
	retention of the contract or policy, other than report	ed in Part I, line 2 abov	e, report am	ount	10b	
	Specify nature of costs.					
Pa	art IV Provision of Information					
	Did the insurance company fail to provide any information	ion necessary to comp	lete Schedul	е А?	Yes	X No
	If the answer to line 11 is "Yes," specify the information		icie ochedul	υ π:		1
. 4	in the answer to line it is ites. Specify the initolitiation	I HOLDIOVIUCU. F				

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

			pursuant to	DER	15A section $103(a)(2)$				Inspection
For calendar plan	n year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/3	31/2021	
A Name of plan	I					<b>B</b> Three	e-digit		
NOKIA RETIREI	E WELFA	RE BENEFIT	TITS PLAN		plan	olan number (PN)		504	
C Plan sponsor's	's name as	s shown on lir	e 2a of Form 5500			<b>D</b> Emplo	yer Identific	cation Number	(EIN)
NOKIA OF AME						22-	3408857		` ,
			rning Insurance Contract. Individual contracts grouped						
1 Coverage Info	rmation:								
(a) Name of insu		rier							
		(c) NAIC	(d) Contract or		(e) Approximate nu			Policy or c	ontract year
<b>(b)</b> EIN		code	identification number		persons covered a policy or contract		(f)	From	<b>(g)</b> To
13-1828429		55247	1102174000		21		01/01/202	:1	12/31/2021
2 Insurance fee descending or			ation. Enter the total fees and t	total o	commissions paid. Li	ist in line 3	the agents,	brokers, and o	ther persons in
(	(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons recei	iving comr	missions and f	ees. (Complete as many entrie	es as	needed to report all	persons).			
		(a) Name a	and address of the agent, broke	er, or	other person to whor	m commiss	ions or fees	were paid	
(b) Amount of				ees a	and other commission				<u> </u>
commis	ssions paid	d	(c) Amount			(d) Purpose	9		(e) Organization code
		(a) Name	and address of the agent, broke	er, or	other person to whor	m commiss	ions or fees	were paid	
		(1)		•					
<b>(b)</b> Amount of	of calco on	d hase	F	ees	and other commission	ns paid			
` '	or sales an ssions paid		(c) Amount			(d) Purpose	Э		(e) Organization code
	•								

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the previous year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

F	art I	III Welfare Benefit Contract Information If more than one contract covers the same group of employ the information may be combined for reporting purposes if employees, the entire group of such individual contracts with	such contracts ar	е ехр	erience-rated as a uni	t. Where co	ontracts cover indi	
8	Bene	nefit and contract type (check all applicable boxes)						
	аГ	Health (other than dental or vision) <b>b</b> Dental		с	Vision		<b>d</b> ☐ Life insurar	nce
	e		m disability	g		nlovment	h Prescription	n drug
	: L		-		_	pioyment	- 😾	-
	'	Stop loss (large deductible) j ⊠ HMO con	ntract	k	PPO contract		I Indemnity of	ontract
	m	Other (specify)						
9	Expe	erience-rated contracts:						
	a F	Premiums: (1) Amount received		-				
		(2) Increase (decrease) in amount due but unpaid		-				
		(3) Increase (decrease) in unearned premium reserve						
	_	(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves	9b(	2)				
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual base	· —					
		(A) Commissions		` '				
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs						
		(D) Other expenses						
		(E) Taxes						
		(F) Charges for risks or other contingencies	2 (4)					
		(G) Other retention charges	9c(1)	(G)				_
		(H) Total retention	_	_		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These amounts were	paid in cash, o	or 0	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to	o provide benefits	after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include amou	nt entered in line	9c(2)	.)	9e		
10	<b>N</b> oı	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a		100815
		If the carrier, service, or other organization incurred any specific retention of the contract or policy, other than reported in Part I, lie				10b		
	Spec	ecify nature of costs.						
D	art l	IV Provision of Information						
						Yes	X No	
11		d the insurance company fail to provide any information necessary		edule	9 A?	168	X No	
12	! If th	the answer to line 11 is "Yes," specify the information not provided	l. 🕨					

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

		pursuant to	LINIOA Section 103(a)(2)				Inspection
For calendar plan year 202	21 or fiscal plar	year beginning 01/01/2021		and en	nding 12/31/2021		
A Name of plan NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN		<b>B</b> Thre	e-digit number (PN)	<b>&gt;</b>	504
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		<b>D</b> Emplo	oyer Identification N	umber (	EIN)
NOKIA OF AMERICA CO				-	3408857	,	,
		ning Insurance Contrac  Individual contracts grouped a					
1 Coverage Information:	410 00110441071	. marriada comidete greapea e		1 0411 50 10	portou on a single t	<del>501104410</del>	
1 Coverage information.							
(a) Name of insurance ca	rrier						
KEYSTONE HEALTH PLA	N CENTRAL						
	(a) NIAIC	(d) Contract or	(e) Approximate nu	umber of	Pol	icy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f) From		<b>(g)</b> To
23-2399845	95199	509964	policy or contract	i year	01/01/2021		12/31/2021
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers	s, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	sions or fees were p	aid	
(b) Amount of sales ar	ad book	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	(d) Purpose		(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	sions or fees were p	aid	
(h) Amount of color and	ad book	Fe	es and other commission	ns paid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
				•			

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same ground the information may be combined for reporting employees, the entire group of such individual of the contract of the contract in the cont	ip of employees of the purposes if such cont	racts are ex	хреі	rience-rated as a unit	. Where co	ntracts cover individ	ons(s), dual
8	Rone	nefit and contract type (check all applicable boxes)	John Gold Will Good Go	arrior may b	, ,	cated as a arm for pa	100000 01 1	по торон.	
	_	_	□ Dontol	•	П	Vision		d 🗆 Life incurence	^
	a [	Health (other than dental or vision)			=			d ∐ Life insurance	
	е	Temporary disability (accident and sickness) <b>f</b>	Long-term disabilit	ty <b>g</b>	Ш	Supplemental unemp	oloyment	<b>h</b> Prescription of	drug
	i	Stop loss (large deductible)	X HMO contract	k		PPO contract		I Indemnity cor	ntract
	m	Other (specify)							
	<u>.                                    </u>								
<b>9</b> [	Ехре	erience-rated contracts:							
	a F	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)		0
	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)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on ar	n 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)		0
		(2) Dividends or retroactive rate refunds. (These am	ounts were paid in	cash, or	cr	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	nount held to provide	benefits aft	er r	etirement	9d(1)		
		(2) Claim reserves	•				9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	clude amount entered	d in line <b>9c(</b>	<b>(2)</b> .)		9e		
10	No	onexperience-rated contracts:		-					
	а	Total premiums or subscription charges paid to carrie	er				10a		798684
	b	If the carrier, service, or other organization incurred a	anv specific costs in c	onnection v	with	the acquisition or			
		retention of the contract or policy, other than reported					10b		
	Spe	ecify nature of costs.							
_		IV Description of later was the							
Pa	art I	IV Provision of Information				_		_	
11	Did	d the insurance company fail to provide any information	n necessary to compl	ete Schedu	ule A	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information i	not provided.						

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

		parodantio	= : :: e : : : : : : : : : : : : : : : :	•		mspection			
For calendar plan year 202	21 or fiscal plar	n year beginning 01/01/2021		and en	nding 12/31/2021				
A Name of plan				<b>B</b> Thre	e-digit				
NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		plan	number (PN)	504			
					, ,				
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nur	nber (EIN)			
NOKIA OF AMERICA CO	RPORATION			22-	3408857				
Part I Informat	ion Concer	ning Insurance Contrac	t Coverage, Fees,	and Con	nmissions Provide	e information for each contract			
		Individual contracts grouped a							
1 Coverage Information:									
3									
(a) Name of insurance ca	rrier								
GHC PUGET SOUND									
(c) NAIC (d) Contract or				Policy	y or contract year				
<b>(b)</b> EIN	code	identification number	persons covered a		(f) From	<b>(g)</b> To			
			policy or contrac	ı year	.,				
91-0511770	95672	8800	51		01/01/2021	12/31/2021			
		ation. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, brokers,	and other persons in			
descending order of the									
(a) Total amount of commissions paid (b) Total amount of fees paid									
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	nersons)					
• 1 Grooms receiving comm		and address of the agent, broker			vione or foos wore nai				
	(a) Name a	ind address of the agent, broker	, or other person to who	II COIIIIII33	sions of fees were par	<u>u</u>			
(b) Amount of sales ar			es and other commission	<del></del>					
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code			
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	ions or fees were nai	d			
	(a) Name a	ind address of the agent, broker	, or other person to who	II COIIIIII33	sions of fees were par	<u>u</u>			
(b) Amount of sales ar			es and other commission	•		——			
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code			

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art I	If more than one contract covers the same grouthe information may be combined for reporting	up of employees of the purposes if such cont	racts are ex	xper	ience-rated as a unit	. Where co	ntracts cover ind	ations(s), ividual
8	Done	employees, the entire group of such individual	contracts with each ca	inei may L	Je li	eated as a unit for pu	iposes or t	nis report.	
		nefit and contract type (check all applicable boxes)	Прежи	_	П	\ /'-'		al 🗆 1.26. 2	
	a _	Health (other than dental or vision)				Vision		<b>d</b> ∐ Life insura	
	е	Temporary disability (accident and sickness) <b>f</b>	Long-term disabilit	y <b>g</b>	Ш	Supplemental unemp	loyment	<b>h</b> Prescription	n drug
	i [	Stop loss (large deductible) j	X HMO contract	k		PPO contract		I Indemnity	contract
	m	Other (specify)							
	<u> </u>								
<b>9</b> [	Ехре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reserve	e	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	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)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	n 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)		0
		(2) Dividends or retroactive rate refunds. (These am	ounts were paid in	cash, or	cr	edited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	nount held to provide	benefits aft	ter r	etirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	clude amount entered	l in line 9c(	( <b>2)</b> .)		9e		
10	Nor	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to carri	er				10a		234456
	b	If the carrier, service, or other organization incurred							
	_	retention of the contract or policy, other than reported ecify nature of costs.	d in Part I, line 2 abov	e, report ar	mou	nt	10b		
	<b>Opo</b> .								
Pa	art l'	IV Provision of Information							
11	Did	d the insurance company fail to provide any information	on necessary to compl	ete Schedu	ule A	١?	Yes	X No	
		the answer to line 11 is "Yes," specify the information				<u> </u>		<u>—</u>	

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

		parodantio	<u> </u>	•		inspection			
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/31/2021				
A Name of plan				<b>B</b> Thre	e-digit				
NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		plan	number (PN)	504			
					, ,	•			
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	oyer Identification Num	ber (EIN)			
NOKIA OF AMERICA CORPORATION 22-3408857									
Part I Informat	ion Concer	ning Insurance Contrac	t Coverage, Fees,	and Con	nmissions Provide	information for each contract			
	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and II	I can be re	ported on a single Sch	nedule A.			
1 Coverage Information:									
						_			
(a) Name of insurance ca	rrier								
UHC OF ARIZONA									
(c) NAIC (d) Contract or (e) Approximate nur				Policy	or contract year				
<b>(b)</b> EIN	code	identification number	persons covered a		(f) From	<b>(g)</b> To			
			policy or contrac	ı year					
86-0507074	96016	060406	64		01/01/2021	12/31/2021			
		ation. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, brokers, a	nd other persons in			
descending order of the amount paid.									
(a) Total amount of commissions paid (b) Total amount of fees paid									
3 Persons receiving com	missions and fo	ees. (Complete as many entries	s as needed to report all	nersons)					
• 1 crooms receiving com		and address of the agent, broker			rions or foos wore paid	I			
	(a) Name a	ind address of the agent, broker	, or other person to who	II COIIIIII33	sions of fees were paid	<u>'</u>			
(b) Amount of sales ar			es and other commission						
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code			
	(a) Name a	and address of the agent, broker	r or other person to who	m commiss	sions or fees were naid	<u> </u>			
	(a) Name a	ind address of the agent, broker	, or other person to who	II COIIIIII33	sions of fees were paid	<u>'</u>			
(b) Amount of sales ar			ees and other commission	•					
commissions pai	d	(c) Amount		(d) Purpos	е	(e) Organization code			

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pá	art I	III Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individua	oup of employees of the purposes if such cont	tracts are	expe	erience-rated as a uni	t. Where co	ntracts cover ind	
8	Bone	nefit and contract type (check all applicable boxes)	Contracts with cach of	arrier may	DC 1	ireated as a drift for p	uiposes oi ti	по тероти.	
	_		N Domtol			\/:=:==		مال الله المال	
	a [		Dental			Vision		<b>d</b> ∐ Life insura	
	е	Temporary disability (accident and sickness) <b>f</b>	Long-term disabili	ity	g [	Supplemental unem	ployment	<b>h</b> Prescription	n drug
	i [	Stop loss (large deductible)	X HMO contract		k 🗌	PPO contract		I Indemnity	contract
	m	Other (specify)							
	<u>.</u>								
9 1	Ехре	perience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reser	ve	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)					
		(2) Increase (decrease) in claim reserves							
		(3) Incurred claims (add (1) and (2))					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	an accrual basis)						
		(A) Commissions		9c(1)(A					
		(B) Administrative service or other fees		9c(1)(E					
		(C) Other specific acquisition costs		9c(1)(0					
		(D) Other expenses		9c(1)(E	•				
		(E) Taxes		9c(1)(E					
		(F) Charges for risks or other contingencies		A (4)(4					
		(G) Other retention charges					0-(4)(1)		
		(H) Total retention			_		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These a	-				9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	•				9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
40		, , , , , , , , , , , , , , , , , , , ,	include amount entere	d in line 9	c(2).	)	9e		
10		onexperience-rated contracts:					40-		000005
		Total premiums or subscription charges paid to car					10a		362965
	b	If the carrier, service, or other organization incurred					10b		
	Spe	retention of the contract or policy, other than report ecify nature of costs.	ed in Part I, line 2 abov	e, report	amo	unt	100		
	Opo	sony natara ar additi							
	- u-t - I	IV Provision of Information							
	art I						., 1	<del> </del>	
11	Dic	id the insurance company fail to provide any informat	ion necessary to comp	lete Sche	dule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.						

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

		parodant to				ilispection		
For calendar plan year 202	21 or fiscal plar	n year beginning 01/01/2021		and en	nding 12/31/2021			
A Name of plan				<b>B</b> Thre	e-digit			
NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN		plan	number (PN)	504		
				· ·	,			
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nur	nber (EIN)		
NOKIA OF AMERICA CORPORATION 22-3408857								
		ning Insurance Contrac						
on a separa	ate Schedule A	Individual contracts grouped a	as a unit in Parts II and III	can be re	ported on a single Sc	hedule A.		
1 Coverage Information:								
•								
(a) Name of insurance ca	rrier							
KAISER FOUNDATION HE	EALTH PLAN C	OF S. CA						
	1		1					
			(e) Approximate nur		Policy	y or contract year		
<b>(b)</b> EIN	code	identification number	persons covered at policy or contract		(f) From	<b>(g)</b> To		
				ycai	24/24/2224	10/01/0001		
94-1340523	00000	122636	284		01/01/2021	12/31/2021		
2		-Car Established - Latel Cara and La		tia lia a O	the energie backers			
descending order of the		ation. Enter the total fees and to	tai commissions paid. Lis	st in line 3	the agents, brokers,	and other persons in		
		mingione poid		(b) Ta	atal amount of face no			
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all p	ersons).				
	(a) Name a	and address of the agent, broker	, or other person to whom	commiss	sions or fees were pai	d		
		-						
(b) Amount of sales ar	nd book	Fe	es and other commission	s paid				
commissions pai		(c) Amount		d) Purpos	e	(e) Organization code		
		(c) i iiii ciiii	· ·	,	·	(-) gameanan		
	L							
	(a) Name a	and address of the agent, broker	, or other person to whom	commiss	sions or fees were pai	d		
(b) Amount of sales ar	nd hase	Fe	es and other commission	s paid				
commissions pai		(c) Amount	(	d) Purpos	e	(e) Organization code		
commissions par		(5) /	·	,	-	(5) Signification bode		

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier		6b		
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pá	art I	III Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such conf	racts are	expe	erience-rated as a uni	it. Where co	ntracts cover inc	
8	Bone	nefit and contract type (check all applicable boxes)	Toolitiaoto with caon of	arrier may	50 (	reated as a arm for p	urposes or ti	по горога	
	_		N □ Domtol			\/:=:==		ما الله الله	
	a [		Dental			Vision		d Life insura	
	е	Temporary disability (accident and sickness)	Long-term disabili	ty (	3 [	Supplemental unem	ployment	h Prescription	n drug
	i [	Stop loss (large deductible)	X HMO contract	I	k 🗌	PPO contract		I Indemnity	contract
	m	Other (specify)							
	_								
9 1	Ехре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reser	ve	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)					
		(2) Increase (decrease) in claim reserves					_		
		(3) Incurred claims (add (1) and (2))					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	an accrual basis)						
		(A) Commissions		9c(1)(A					
		(B) Administrative service or other fees		9c(1)(E	_				
		(C) Other specific acquisition costs		9c(1)(C	_				
		(D) Other expenses		9c(1)(E	-				
		(E) Taxes		9c(1)(E	_				
		(F) Charges for risks or other contingencies							
		(G) Other retention charges					0-(4)(11)		
		(H) Total retention			_		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These a			_		9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	•				9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
40		Dividends or retroactive rate refunds due. (Do not	include amount entere	d in line 90	:(2).	)	9e		
10		onexperience-rated contracts:					40-		000454
		Total premiums or subscription charges paid to car					10a		929454
	b	If the carrier, service, or other organization incurred					10b		
	Spe	retention of the contract or policy, other than report ecify nature of costs.	ed in Part I, line 2 abov	e, report a	amo	unt	100		
	Opo	you, nature of education							
D.	\r£	IV Provision of Information							
	art I								
		d the insurance company fail to provide any informat		lete Sched	dule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.						

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

For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/31/2021			
A Name of plan					<b>B</b> Three	e-digit			
NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN			plan	number (PN)	•	504	
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500			D Emplo	yer Identification N	lumber (	'EINI)	
NOKIA OF AMERICA CO		e 2a 0i i 0iiii 3300			•	3408857	unibei (	LIIV)	
NOMA OF AMERICA CO	IN ONATION					0.0000.			
		rning Insurance Contra . Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca		DF CO							
(c) NAIC (d) Contract or (e) Approximate n			mber of	Po	licy or co	ontract year			
(b) EIN	code	identification number		persons covered at end of policy or contract year		(f) From		<b>(g)</b> To	
84-0591617	95669	07368		230		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									
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as	needed to report all p	ersons).				
<u> </u>		and address of the agent, broke				ions or fees were p	oaid		
		F		and other commissions	naid				
(b) Amount of sales ar commissions pai		(c) Amount	003 6	(d) Purpose		9		(e) Organization code	
oommooding par		(4)		, i	<b>2</b> ) . u.poo.			(v) o gamaanon oo ao	
	(a) Name a	and address of the agent, broke	er, or	other person to whom	commiss	ions or fees were p	oaid		
(b) Amount of sales ar	nd base		ees a	and other commissions	s paid				
commissions pai		(c) Amount		(0	(d) Purpose			(e) Organization code	

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier		6b		
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art I	III Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individua	oup of employees of the purposes if such cont	tracts are	expe	erience-rated as a uni	it. Where co	ntracts cover ind	
8	Bone	nefit and contract type (check all applicable boxes)	Contracts with cach of	arrior rriay	50 (	reated as a arm for p	urposes or ti	по горога.	
	_		. □ Dantal			\/:=:==		ما الله الما	
	a [		Dental		느	Vision		<b>d</b> ∐ Life insura	
	е	Temporary disability (accident and sickness) <b>f</b>	Long-term disabili	ity (	9 🗌	Supplemental unem	ployment	<b>h</b> Prescription	n drug
	i	Stop loss (large deductible)	X HMO contract		k _	PPO contract		I Indemnity	contract
	m	Other (specify)							
9	Ехре	perience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid			_				
		(3) Increase (decrease) in unearned premium reser							
	_	(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid			_				
		(2) Increase (decrease) in claim reserves					21 (2)		
		(3) Incurred claims (add (1) and (2))					9b(3)		0
	_	(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	•	0-(4)//				4	
		(A) Commissions		9c(1)(A				_	
		(B) Administrative service or other fees		9c(1)(E				_	
		(D) Other expenses		9c(1)(E				_	
		(E) Taxes		9c(1)(E	-			-	
		(F) Charges for risks or other contingencies		0 (4)/=	_				
		(G) Other retention charges		0 (4)(4					
		(H) Total retention					9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These a	_		_		9c(2)		
	d	Status of policyholder reserves at end of year: (1) A			_		9d(1)		
	_	(2) Claim reserves	•				9d(2)		
		(3) Other reserves					9d(3)		
	е						9e		
10		onexperience-rated contracts:			. ,	,			
	а	Total premiums or subscription charges paid to car	rier				10a		774506
	b	If the carrier, service, or other organization incurred	any specific costs in o	connection	with	n the acquisition or			
		retention of the contract or policy, other than report					10b		
	Spe	ecify nature of costs.							
_									
Pa	art I	IV Provision of Information							
11	Dic	id the insurance company fail to provide any informat	on necessary to comp	lete Sche	dule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.						

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

For calendar plan year 202	For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021								
A Name of plan					<b>B</b> Three	e-digit			
NOKIA RETIREE WELFA	ARE BENEFIT	S PLAN			plan	number (PN)	•	504	
<b>C</b> DI .		0 (5 5500			<u> </u>	11 00 0		EIN!)	
C Plan sponsor's name a		ne 2a of Form 5500				yer Identification N	lumber (	EIN)	
NOKIA OF AMERICA CO	RPORATION				22-3408857				
Part I Informat	ion Conce	rning Insurance Contra	ct C	Coverage Fees a	and Con	missions Prov	ide infor	mation for each contract	
		A. Individual contracts grouped							
1 Coverage Information:									
1 Covorage information.									
(a) Name of insurance ca	rrier								
KAISER FOUNDATION HE	EALTH PLAN	NORTHWEST							
(a) Associated to				(e) Approximate nur	mbor of	Pol	licy or co	ontract year	
<b>(b)</b> EIN	(c) NAIC	(d) Contract or		persons covered at			ncy or cc		
	code	identification number		policy or contract year		(f) From		<b>(g)</b> To	
93-0798039	95540	8384		39		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		iation. Enter the total fees and t	otai	commissions paid. Lis	st in line 3	the agents, brokers	s, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fee					paid				
(1)	(a) retail amount or commissions para								
2 Damana manakidan asan		(Companies of managements)			\				
Persons receiving com		fees. (Complete as many entrie							
	(a) Name	and address of the agent, broke	er, or	r otner person to whom	1 commiss	ons or rees were p	paid		
(b) Amount of sales ar	nd haca	F	ees	and other commissions	s paid				
commissions pai		(c) Amount		(d) Purpose		)		(e) Organization code	
		, ,		,				, ,	
	(a) Name	and address of the agent, broke	er or	r other person to whom	commiss	ons or fees were r	naid		
	(a) Name	and address of the agent, broke	JI, OI	other person to whom	1 0011111100	one or rece were p	Julu		
(b) Amount of sales ar	nd base	F	ees	and other commissions	s paid				
commissions pai		(c) Amount		(0	(d) Purpose			(e) Organization code	

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier		6b		
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) = (,) = (,) = (,)	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art III Welfare Benefit Contract Informa	tion				
	If more than one contract covers the same of		e same empl	lover(s) or members of	the same en	nplovee organizations(s).
	the information may be combined for reporti					
	employees, the entire group of such individu	al contracts with each ca	arrier may be	e treated as a unit for pu	urposes of th	iis report.
8	Benefit and contract type (check all applicable boxes)					
	_	<b>b</b> Dental	С	Vision		d Life insurance
		f Long-term disabili	_	Supplemental unemp		<b>h</b> ☐ Prescription drug
					Dioyment	
	i Stop loss (large deductible)	j X HMO contract	κլ	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
9 E	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 rese	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</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)	0
	(4) Claims charged				9b(4)	
	<b>c</b> Remainder of premium: (1) Retention charges (or	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		0 (4)(5)			
	(F) Charges for risks or other contingencies					
	(G) Other retention charges					-
	(H) Total retention				9c(1)(H)	0
	• •					
	(2) Dividends or retroactive rate refunds. (These				9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1)	·			9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do no	t include amount entered	d in line <b>9c(2</b>	<u>)</u> .)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to ca	arrier			10a	174908
	<b>b</b> If the carrier, service, or other organization incurre	ed any specific costs in o	onnection w	ith the acquisition or		
	retention of the contract or policy, other than repo	rted in Part I, line 2 abov	e, report am	ount	10b	<u> </u>
	Specify nature of costs.					
Pa	art IV Provision of Information					
11	Did the insurance company fail to provide any informa	ation necessary to comp	lete Schedul	e A?	Yes	No No
	If the answer to line 11 is "Yes," specify the information				•	

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

			pursuant to	) בא	(15A section 103(a)(2)				Inspection	
For calendar	olan year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/3	31/2021		
A Name of p	lan					<b>B</b> Three	e-digit			
NOKIA RETI	REE WELFA	RE BENEFIT	S PLAN			plan	number (Pl	N) <b>•</b>	504	
C Plan spons	sor's name a	s shown on lir	e 2a of Form 5500			<b>D</b> Emplo	yer Identific	ation Number	(EIN)	
NOKIA OF A	MERICA CO	RPORATION				22-3408857				
Part I			rning Insurance Contract. Individual contracts grouped							
1 Coverage I	nformation:									
(a) Name of i			MIDATLANTIC							
		(c) NAIC	(d) Contract or		(e) Approximate nu			Policy or o	contract year	
(b) E	IN	code	identification number		persons covered a policy or contrac		(f)	From	<b>(g)</b> To	
52-0954463		95639	2204		43		01/01/202	:1	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										
3 Persons re	eceiving com		ees. (Complete as many entrie							
		(a) Name	and address of the agent, broke	er, o	r other person to who	m commiss	ions or fees	were paid		
(b) Amour	nt of sales ar	nd base	F	ees	and other commission	ns paid				
	missions pai		(c) Amount		(d) Purpose				(e) Organization code	
		(a) Name	and address of the agent, broke	er, o	r other person to who	m commiss	ions or fees	were paid		
				•				·		
(h) Amour	nt of salos or	nd base	F	ees	and other commission	ns paid				
(b) Amount of sales and base commissions paid			(c) Amount			(d) Purpose	e		(e) Organization code	
	•									

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the state of t	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the previous year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art I	Welfare Benefit Contract Informatic If more than one contract covers the same grouthe information may be combined for reporting employees, the entire group of such individual	up of employees of the purposes if such cont	racts are ex	xper	ience-rated as a unit	. Where co	ntracts cover in	zations(s), dividual
8	Ronc	nefit and contract type (check all applicable boxes)	oontracto with each oc	arrior rriay b	)O ti	cated as a unit for pa	1100000 01 1	по торон.	
			□ Dontol	•	П	Vision		d □ Life incur	onoo
	a _	Health (other than dental or vision)						<b>d</b> ∐ Life insur	
	e	Temporary disability (accident and sickness) <b>f</b>	Long-term disabilit	y <b>g</b>	Ш	Supplemental unemp	oloyment	<b>h</b> Prescript	on drug
	i	Stop loss (large deductible)	X HMO contract	k		PPO contract		I Indemnity	contract
	m	Other (specify)							
	<u> </u>								
<b>9</b> [	Ехре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reserve	e	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	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)		0
	(	(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on ar	n 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)		0
		(2) Dividends or retroactive rate refunds. (These am	ounts were paid in	cash, or	cr	edited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	nount held to provide	benefits aft	ter r	etirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	clude amount entered	l in line 9c(	( <b>2)</b> .)		9e		
10	Nor	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to carrie	er				10a		148198
	b	If the carrier, service, or other organization incurred a	any specific costs in c	onnection v	with	the acquisition or			
	_	retention of the contract or policy, other than reported	d in Part I, line 2 abov	e, report ar	mou	nt	10b		
	Spec	ecify nature of costs.							
Pa	art l'	IV Provision of Information							
<u>1</u> 1	Did	d the insurance company fail to provide any information	n necessary to compl	ete Schedu	ule A	١?	Yes	X No	
		the answer to line 11 is "Yes," specify the information i							

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

For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/31/202	1	
A Name of plan				E	B Three-digit			
NOKIA RETIREE WELFA	RE BENEFIT	S PLAN			plan	number (PN)	•	504
C Plan sponsor's name as shown on line 2a of Form 5500				D Emplo	yer Identification I	Number (	EIN)	
NOKIA OF AMERICA CO	RPORATION				22-	3408857		
		rning Insurance Contra  A. Individual contracts grouped						
1 Coverage Information:		•			•			
(a) Name of insurance ca	rrier							
KAISER FOUNDATION HE		OF GA						
	(a) NIAIC	(d) Contrast or		(e) Approximate num	ber of	Po	olicy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number		persons covered at end of policy or contract year		(f) From		<b>(g)</b> To
58-1592076	96237	2081		27		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								
3 Persons receiving com	missions and t	ees. (Complete as many entrie	es as	s needed to report all pe	ersons).			
	(a) Name a	and address of the agent, broke	er, or	r other person to whom o	commissi	ons or fees were	paid	
								<u> </u>
(b) Amount of sales ar		(c) Amount	ees	and other commissions	paid ) Purpose			(e) Organization code
commissions pai	lu	(C) Amount		(u)	Pulpose	7		(e) Organization code
	(a) Name a	and address of the agent, broke	er, or	r other person to whom o	commissi	ons or fees were	paid	
(b) Amount of sales ar	nd base	F	ees	and other commissions	paid			
commissions pai		(c) Amount		(d)	) Purpose	9		(e) Organization code
								i .

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the state of t	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art l	III Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reporting employees, the entire group of such individual	oup of employees of th g purposes if such con	tracts are	expe	erience-rated as a un	it. Where co	ntracts cover i	
8	Bone	nefit and contract type (check all applicable boxes)	CONTRACTO WITH COOK O	unior may	50 (	reated as a unit for p	urposes or t	по торон.	
	_		. □ Dontol		<b>.</b> □	Vicion		ما ال	uran aa
	a [		Dental		느	Vision		d Life insu	
	e L	Temporary disability (accident and sickness)	Long-term disabili			Supplemental unem	ployment	h Prescrip	tion drug
	i	Stop loss (large deductible)	X HMO contract		k 📗	PPO contract		I Indemni	ty contract
	m	Other (specify)							
9 E	Ехре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reser	ve	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)					
		(2) Increase (decrease) in claim reserves					_		
		(3) Incurred claims (add (1) and (2))					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)						
		(A) Commissions		9c(1)(A					
		(B) Administrative service or other fees		9c(1)(E	_				
		(C) Other specific acquisition costs		9c(1)(C				_	
		(D) Other expenses		9c(1)(E	-			_	
		(E) Taxes		9c(1)(E	_				
		(F) Charges for risks or other contingencies		A (4)(4				_	
		(G) Other retention charges		9c(1)(6	i)		T		_
		(H) Total retention	_		_		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid in	n cash, or	С	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits a	ıfter	retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not	include amount entere	d in line 90	(2).	)	9e		
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to car	rier				10a		175297
	b	If the carrier, service, or other organization incurred							
	C	retention of the contract or policy, other than report	ed in Part I, line 2 abov	e, report	amo	unt	10b		
	Spe	ecify nature of costs.							
Pa	art I	IV Provision of Information							
		d the insurance company fail to provide any informat	ion necessary to comp	lete Scher	מווור	Δ?	Yes	X No	
				iele Striet	Jule	Λ:			
12	It th	the answer to line 11 is "Yes," specify the information	not provided. 🕨						

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

		parodantio	=: ((a) ( c) (a) (=) (a) (=) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			inspection	
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/31/2021		
A Name of plan				<b>B</b> Thre	e-digit		
NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		plan	number (PN)	504	
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nu	mber (EIN)	
NOKIA OF AMERICA CO	RPORATION			22-	3408857		
		ning Insurance Contrac					
on a separa	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and III	can be re	ported on a single So	chedule A.	
1 Coverage Information:							
(a) Name of insurance ca	rrier						
KAISER FOUNDATION HE	EALTH PLAN (	OF HI					
			(a) Approximate nu	mharaf	Dolio	cy or contract year	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at			<u> </u>	
(5) 2	code	identification number	policy or contract		(f) From	<b>(g)</b> To	
94-1340523	60053	639	11		01/01/2021	12/31/2021	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, brokers,	and other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
(1)							
Persons receiving com		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker	r, or other person to whon	n commiss	sions or fees were pa	id	
(b) Amount of sales ar	d base	Fe	es and other commission	s paid			
commissions pai	d	(c) Amount	(	d) Purpos	e	(e) Organization code	
	(a) Nama a	and address of the agent broken	e or other nersen to when		iono or food word no		
	(a) Name a	and address of the agent, broker	, or other person to whom	1 COMMINISS	olons of fees were pa	lu	
	1		and other and a	1 1			
(b) Amount of sales ar			es and other commission				
commissions pai	d	(c) Amount		d) Purpos	е	(e) Organization code	

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the state of t	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group of empl the information may be combined for reporting purposes employees, the entire group of such individual contracts	if such contracts are	expe	erience-rated as a unit	. Where co	ontracts cover individual	
8	Ponc		with each camer ma	y DC	treated as a unit for po	iiposes oi ti	пів тероп.	
	_	nefit and contract type (check all applicable boxes)			A Planta in		al 🗆 126. Secondo	
	a _	Health (other than dental or vision)  b Dental			Vision		d ∐ Life insurance	
	е	Temporary disability (accident and sickness) <b>f</b> Long-t	erm disability	g	Supplemental unemp	oloyment	<b>h</b> Prescription drug	
	i [	Stop loss (large deductible) j 🛛 HMO o	contract	k 🗌	PPO contract		I Indemnity contract	
	m	Other (specify)						
	_							
<b>9</b> [	хре	erience-rated contracts:						
	a F	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)		0
	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)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual b	oasis)					
		(A) Commissions	9c(1)(	A)				
		(B) Administrative service or other fees	9c(1)(	B)				
		(C) Other specific acquisition costs						
		(D) Other expenses						
		(E) Taxes						
		(F) Charges for risks or other contingencies						
		(G) Other retention charges	9c(1)(	G)		,		
		(H) Total retention				9c(1)(H)	)	0
		(2) Dividends or retroactive rate refunds. (These amounts wer	e paid in cash, o	r 🗌 d	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)		
	е	Dividends or retroactive rate refunds due. (Do not include amo	ount entered in line 9	c(2).	)	9e		
10	Nor	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a	63	772
	b	If the carrier, service, or other organization incurred any specif retention of the contract or policy, other than reported in Part I,				10b		
	Spec	ecify nature of costs.	iiile Z above, report	ano	ditt	100		
Dr	rt l'	IV Provision of Information						
						Voc	V No.	
		d the insurance company fail to provide any information necessar		dule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information not provide	ed. 🕨					

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

		parodant to				ilispe	CLIOII	
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/31/2021			
A Name of plan				<b>B</b> Thre	e-digit			
NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN			number (PN)	504		
				<u>'</u>	,	<u> </u>		
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nu	mber (EIN)		
NOKIA OF AMERICA CO	RPORATION			22-	3408857			
		rning Insurance Contrac					n for each contract	
on a separa	ate Schedule A	<ol> <li>Individual contracts grouped a</li> </ol>	as a unit in Parts II and III	can be re	ported on a single So	chedule A.		
1 Coverage Information:								
(a) Name of insurance ca	rrier							
KAISER FOUNDATION HE	EALTH PLAN	OF N. CA						
		<del>_</del>						
			(e) Approximate nu		Polic	y or contract	year	
<b>(b)</b> EIN	code	identification number	persons covered at policy or contract		(f) From		<b>(g)</b> To	
04.4240522	00000	25147		year	04/04/2024	10/	24/2024	
94-1340523 00000		35147	372		01/01/2021	12/	31/2021	
2 Incurance foe and com	mission inform	ation. Enter the total fees and to	tal commissions paid. Li	et in line 2	the agents brokers	and other no	preone in	
descending order of the		ation. Enter the total rees and to	ital commissions paid. Li	st III III le 3	the agents, brokers,	and other pe	5150115 111	
	amount of com	missions paid		<b>(b)</b> To	otal amount of fees p	aid		
(a) Total t	(a)							
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all p	persons).				
	(a) Name a	and address of the agent, broker	r, or other person to whon	n commiss	sions or fees were pa	id		
(b) Amount of sales ar	nd hase	Fe	es and other commission	s paid				
commissions pa		(c) Amount	(	(d) Purpose			Organization code	
•								
		·				•		
	(a) Name a	and address of the agent, broker	r, or other person to whon	n commiss	sions or fees were pa	id		
						1		
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount		d) Purpos	e	(e)	Organization code	
				•				
				_				

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the state of t	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art I	If more than one contract covers the same group of the information may be combined for reporting purp	ooses if such contrac	cts are exp	erience-rated as a unit	. Where cor	ntracts cover individual
0		employees, the entire group of such individual cont	racts with each carn	er may be	treated as a unit for pu	irposes of th	іѕ героп.
		nefit and contract type (check all applicable boxes)			7		<b>-</b> 1□
	a _		Dental	c	Vision	(	d Life insurance
	e	Temporary disability (accident and sickness) <b>f</b> L	ong-term disability	g	Supplemental unemp	oloyment l	h Prescription drug
	i [	Stop loss (large deductible) j 🗵 F	HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
	L						
9 i	Ехре	perience-rated contracts:					
	a F	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)	0
	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)	0
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on an acc	crual basis)				
		(A) Commissions	9	c(1)(A)			
		(B) Administrative service or other fees	9	c(1)(B)			
		(C) Other specific acquisition costs	9	c(1)(C)			
		(D) Other expenses	9	c(1)(D)			
		(E) Taxes	9	c(1)(E)			
		(F) Charges for risks or other contingencies		c(1)(F)			
		(G) Other retention charges	g	c(1)(G)			
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amoun	ts were paid in ca	ash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amour	nt held to provide be	nefits after	r retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include	de amount entered ir	n line <b>9c(2)</b>	.)	9e	
10	Nor	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier				10a	1708154
	b	If the carrier, service, or other organization incurred any	specific costs in con	nection wit	th the acquisition or		
		retention of the contract or policy, other than reported in				10b	
	Spec	ecify nature of costs.					
Pa	art l'	IV Provision of Information					
<u>11</u>	Did	d the insurance company fail to provide any information ne	ecessary to complete	e Schedule	e A?	Yes	No
12	If th	the answer to line 11 is "Yes," specify the information not p	provided.				

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

		pursuant to	ERISA section 103(a)(2)	١.			Inspection
For calendar plan year 2	021 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan				<b>B</b> Three	e-digit		
NOKIA RETIREE WELI	FARE BENEFIT	ITS PLAN		plan	number (PN	<b>1</b> ) •	504
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
NOKIA OF AMERICA C	ORPORATION			22-	3408857		
		rning Insurance Contract.  A. Individual contracts grouped					
1 Coverage Information	<u>:</u>						
(a) Name of insurance of HORIZON BCBS OF NJ	carrier						
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
22-2651245	95529	67-77087	88		01/01/202	1	12/31/2021
2 Insurance fee and codescending order of the		ation. Enter the total fees and to	otal commissions paid. L				ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Parsans receiving co	mmissions and f	ees. (Complete as many entrie	as as pooded to report all	norcone)			
J Fersons receiving co		and address of the agent, broke			ione or food	wore poid	
(b) Amount of sales			ees and other commissio		_		(a) Onnan'antina anda
commissions p	aid	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broke	or other person to who	m commiss	ions or fees	were naid	
	(a) Name a	and address of the agent, broke	i, or other person to who	III COIIIIII33	10113 01 1003	were paid	
(b) Amount of sales	and base	F	ees and other commissio	ns paid			
commissions p	aid	(c) Amount		(d) Purpose	е		(e) Organization code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the state of t	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

P	Part III Welfare Benefit Contract Informa	ation				
٠,	If more than one contract covers the same		e same empl	lover(s) or members of	the same er	nplovee organizations(s).
	the information may be combined for report					
	employees, the entire group of such individ	ual contracts with each ca	arrier may be	e treated as a unit for pu	urposes of th	nis report.
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	<b>b</b> Dental	с	Vision		d Life insurance
	e Temporary disability (accident and sickness)	f Long-term disabili	_	Supplemental unemp		h ☐ Prescription drug
					oloyineni	
	i Stop loss (large deductible)	j X HMO contract	κլ	PPO contract		I Indemnity contract
	m ☐ Other (specify)					
9	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</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)	0
	(4) Claims charged				9b(4)	
	C Remainder of premium: (1) Retention charges (o					
	(A) Commissions	*	9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs		0 (4)(0)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		0 (4)(5)			
	(F) Charges for risks or other contingencies .					
	(G) Other retention charges					
	(H) Total retention				9c(1)(H)	0
	` '					
	(2) Dividends or retroactive rate refunds. (These				9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1	•			9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do no	ot include amount entere	d in line 9c(2	<u>)</u> .)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to c	arrier			10a	604525
	<b>b</b> If the carrier, service, or other organization incurr	ed any specific costs in o	connection wi	ith the acquisition or		
	retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report am	ount	10b	
	Specify nature of costs.					
Pa	art IV Provision of Information					
11	Did the insurance company fail to provide any inform	ation necessary to comp	lete Schedul	e A?	Yes	X No
	If the answer to line 11 is "Yes," specify the informati				'	

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

For calendar plan year 202	21 or fiscal plar	n year beginning 01/01/2021			and en	ding 12/31/2021		
A Name of plan					<b>B</b> Three-digit			
NOKIA RETIREE WELFA	RE BENEFITS	SPLAN			plan	number (PN)	<u> </u>	504
C Plan sponsor's name a	s shown on line	e 2a of Form 5500			D Emplo	yer Identification N	lumher (	FIN)
NOKIA OF AMERICA CO		C 24 01 1 01111 0500			•	3408857	iumber (	LIIV)
TOTAL OF THE ENGLISH								
		ning Insurance Contract. Individual contracts grouped						
1 Coverage Information:								_
(a) Name of insurance ca	rrier							
ONO OF OALIFORNIA								
/b) FINI	(c) NAIC	(d) Contract or		Approximate nu		Pol	licy or co	ontract year
<b>(b)</b> EIN	code	identification number		sons covered a olicy or contrac		(f) From		<b>(g)</b> To
95-2931460	00000	142111		135		01/01/2021		12/31/2021
2 Insurance fee and coming descending order of the		ation. Enter the total fees and t	otal commi	ssions paid. Li	ist in line 3	the agents, brokers	s, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid								
, ,		<u>,                                      </u>			, ,			
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	es as neede	ed to report all	persons).			
• I crostic receiving com		and address of the agent, broke				ions or fees were r	naid	
(b) Amount of sales ar	nd base	F	ees and ot	ner commissio	ns paid			
commissions pai	d	(c) Amount		(d) Purpose			(e) Organization code	
	(a) Name a	and address of the agent, broke	er. or other	person to who	m commiss	ions or fees were r	oaid	
	(4) 114	and dad oos of the agoin, stone	, c. c. c.	po.co too.				
(b) Amount of sales or	(b) Amount of sales and base Fees and other commissions paid							
commissions paid (c) Amount					(d) Purpose	e		(e) Organization code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art I	If more than one contract covers the same gro the information may be combined for reporting	up of employees of the purposes if such cont	racts are e	хре	rience-rated as a unit	. Where co	ontracts cov	rganizations(s), ver individual
0	D	employees, the entire group of such individual	COMMINGER WITH EACH CO	amer may i	De i	realed as a utilition pu	iiposes oi t	nis report.	
	_	refit and contract type (check all applicable boxes)	Пъ	_				-1 D	
	a _	Health (other than dental or vision)	Dental		; ∐	Vision			insurance
	е	Temporary disability (accident and sickness) <b>f</b>	Long-term disabili	ty <b>g</b>	Ш	Supplemental unemp	oloyment	h Pres	cription drug
	i	Stop loss (large deductible) j	X HMO contract	k		PPO contract		I nde	mnity contract
	m	Other (specify)							
	<u> </u>								
<b>9</b> [	Ехре	erience-rated contracts:							
	a P	Premiums: (1) Amount received		9a(1)					
	(	(2) Increase (decrease) in amount due but unpaid		9a(2)					
	(	(3) Increase (decrease) in unearned premium reserv	e	9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	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)		0
	(	(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	n 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)	)	0
		(2) Dividends or retroactive rate refunds. (These are	nounts were paid in	cash, or	С	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	mount held to provide	benefits af	ter	retirement	9d(1)		
		(2) Claim reserves	•				9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	nclude amount entered	d in line 9c	<b>(2)</b> .)	)	9e		
10	Nor	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to carri	er				10a		622721
	b	If the carrier, service, or other organization incurred	any specific costs in c	onnection	with	the acquisition or			
		retention of the contract or policy, other than reporte					10b		
	Spec	ecify nature of costs.							
D	art I	IV Provision of Information							
	art l'							<b>□</b>	
11	Did	d the insurance company fail to provide any information	on necessary to compl	ete Sched	ule	A?	Yes	X No	
12	If th	he answer to line 11 is "Yes," specify the information	not provided.						

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

		parodantio		'		inspection	
For calendar plan year 202	21 or fiscal plar	n year beginning 01/01/2021		and en	nding 12/31/2021		
A Name of plan				<b>B</b> Thre	e-digit		
NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN		plan	number (PN)	504	
					,		
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	oyer Identification Nur	nber (EIN)	
NOKIA OF AMERICA CO	RPORATION			22-	-3408857		
		ning Insurance Contract. Individual contracts grouped a					
	ate correction /	marriadar comitacio groupea e	as a different and it and its	oun be re	ported on a single co	Tiodale 7.	
1 Coverage Information:							
(a) Name of insurance ca	rrier						
` '		10 100					
PARTNERS NATL HEALT	H PLANS OF I	NC INC.					
	( ) ) ) ( )	(D) 0 (1)	(e) Approximate nu	mber of	Policy	y or contract year	
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered at		(f) From		
	code	identification number	policy or contract	year	(1) 110111	<b>(g)</b> To	
56-0894904	54631	11453	441		01/01/2021	12/31/2021	
2							
Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, brokers,	and other persons in	
	amount of com	missions paid		<b>(b)</b> To	otal amount of fees pa	aid	
(1)				(,			
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all p	persons).			
	(a) Name a	and address of the agent, broker	, or other person to whon	n commiss	sions or fees were pai	d	
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code	
•							
	•					•	
	(a) Name a	and address of the agent, broker	, or other person to whon	n commiss	sions or fees were pai	d	
	<u> </u>						
(h) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code	
commissions pa		(5) /		,	-	(b) organization bode	

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	Welfare Benefit Contract Information If more than one contract covers the same ground the information may be combined for reporting employees, the entire group of such individual	up of employees of the purposes if such cont	racts are	expe	erience-rated as a uni	t. Where co	ntracts cover ind	ations(s), ividual
8	Benefit and contract type (check all applicable boxes)	_		_			_	
	a Health (other than dental or vision)	Dental	(	C [	Vision		<b>d</b> Life insura	nce
	e ☐ Temporary disability (accident and sickness) <b>f</b>	Long-term disabili	ty 🤇	g 🗌	Supplemental unem	ployment	<b>h</b> Prescription	n drug
	i Stop loss (large deductible)	X HMO contract		kΠ	PPO contract		I Indemnity	contract
	m Other (specify)	☐ ·····-	_	- Ш				
	III Utilei (specily)							
9 F	Experience-rated contracts:							
	a Premiums: (1) Amount received		9a(1)					
	(2) Increase (decrease) in amount due but unpaid							
	(3) Increase (decrease) in unearned premium reserve		• • •					
	(4) Earned ((1) + (2) - (3))					9a(4)		0
	<b>b</b> Benefit charges (1) Claims paid					1(-)		
	(2) Increase (decrease) in claim reserves		(-)					
	(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		0
	(4) Claims charged					9b(4)		
	C Remainder of premium: (1) Retention charges (on a							
	(A) Commissions		9c(1)(A	(۱				
	(B) Administrative service or other fees		9c(1)(E					
	(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							
	(G) Other retention charges		9c(1)(G	3)				
	(H) Total retention					9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These am	nounts were 🗌 paid ir	n cash, or	С	credited.)	9c(2)		
	d Status of policyholder reserves at end of year: (1) Ar	mount held to provide	benefits a	fter	retirement	9d(1)		
	(2) Claim reserves					9d(2)		
	(3) Other reserves					9d(3)		
	e Dividends or retroactive rate refunds due. (Do not in	nclude amount entered	d in line 90	(2).	)	9e		
10	Nonexperience-rated contracts:							
	a Total premiums or subscription charges paid to carri	er				10a		381234
	<b>b</b> If the carrier, service, or other organization incurred							
	retention of the contract or policy, other than reporte Specify nature of costs.	d in Part I, line 2 abov	e, report a	amo	unt	10b		
	oposity flatatio of ocote.							
Pa	art IV Provision of Information							
11	Did the insurance company fail to provide any information	on necessary to comp	lete Sched	dule	A?	Yes	X No	
12	If the answer to line 11 is "Yes," specify the information	not provided.						

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

			pursuant to	0 EKI	SA section $103(a)(2)$	•			Inspection	
For calendar plan	n year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/3	31/2021		
A Name of plan	I					<b>B</b> Three	e-digit			
NOKIA RETIREI	E WELFA	RE BENEFIT	S PLAN			plan	number (PI	N) •	504	
C Plan sponsor's	's name as	s shown on lin	e 2a of Form 5500			<b>D</b> Emplo	yer Identific	ation Number	(EIN)	
NOKIA OF AME	RICA CO	RPORATION				22-3408857				
			rning Insurance Contract. Individual contracts grouped							
1 Coverage Info	rmation:									
(a) Name of insu		rier								
		(c) NAIC	(d) Contract or		(e) Approximate nu			Policy or co	ontract year	
<b>(b)</b> EIN		code	identification number		persons covered a policy or contract		(f)	From	<b>(g)</b> To	
33-0115166		96903	008102		60		01/01/202	:1	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										
3 Persons recei	iving comr		ees. (Complete as many entrie							
		(a) Name a	and address of the agent, broke	er, or	other person to whor	n commiss	ions or fees	were paid		
<b>(b)</b> Amount of	of sales an	d base	F	ees a	and other commission	ns paid				
	ssions pai		(c) Amount			(d) Purpose	Э		(e) Organization code	
		(a) Name a	and address of the agent, broke	er, or	other person to whor	n commiss	ions or fees	were paid		
<b>(b)</b> Amount of	of calco on	d hase	F	ees a	and other commission	ns paid				
` '	ssions pai		(c) Amount			(d) Purpose			(e) Organization code	
	•									

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

Pa	art I	III Welfare Benefit Contract Informat If more than one contract covers the same grunder the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such conf	tracts are	expe	erience-rated as a uni	it. Where co	ntracts cover in	
8	Bone	nefit and contract type (check all applicable boxes)	T COTTI ACIS WITH CACIT C	arrier may	DC 1	ireated as a drift for p	urposes or ti	по терот.	
	_		Пред			A Carlana		<b>d</b> □ 1.26. 2	
	a [		Dental			Vision		d Life insur	
	е	Temporary disability (accident and sickness)	Long-term disabili	ity	g [	Supplemental unem	ployment	<b>h</b> Prescripti	on drug
	i [	Stop loss (large deductible)	X HMO contract		k 🗌	PPO contract		I Indemnity	contract
	m	Other (specify)							
	_								
9 i	Ехре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reser					_		
		(4) Earned ((1) + (2) - (3))					. 9a(4)		0
	b	Benefit charges (1) Claims paid			_				
		(2) Increase (decrease) in claim reserves							
		(3) Incurred claims (add (1) and (2))					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on	,						
		(A) Commissions		9c(1)(A					
		(B) Administrative service or other fees		9c(1)(E					
		(C) Other specific acquisition costs		9c(1)(0 9c(1)(0	_			_	
		(D) Other expenses		9c(1)(E	•				
		(E) Taxes		A (4) (E				_	
		(F) Charges for risks or other contingencies		A (4)(4				_	
		(G) Other retention charges					0c/1\/\U\		0
		(H) Total retention	_		_		9c(1)(H)		
	_1	(2) Dividends or retroactive rate refunds. (These a	_				9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•				9d(1)		
		(2) Claim reserves					9d(2)		
	_	(3) Other reserves					9d(3)		
10		Dividends or retroactive rate refunds due. (Do not	include amount entere	a in line 9	S(2).	)	9e		
10		onexperience-rated contracts:  Total premiums or subscription charges paid to car	rior				10a		275061
							10a		273001
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than report					10b		
	Spe	ecify nature of costs.	eu iii Fait i, iiile 2 abov	ve, report	amo	unt	100		
	- 1	,							
P	art I	IV Provision of Information							
							V	V Na	
		d the insurance company fail to provide any informat		lete Sche	dule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.						

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

For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021			and en	ding 12/31/2021		
A Name of plan				E	<b>B</b> Three	e-digit		
NOKIA RETIREE WELFA	ARE BENEFITS	S PLAN			plan	number (PN)	<u> </u>	504
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		1	<b>D</b> Emplo	yer Identification N	umber (	FIN)
NOKIA OF AMERICA CO		5 <u>24</u> 5. 1 5 5555				3408857		,
		rning Insurance Contra						
1 Coverage Information:								
(a) Name of incomes on								
(a) Name of insurance ca								
HUMANA HEALTH PLANS	s, INC.							
	(c) NAIC	(d) Contract or		(e) Approximate num		Poli	cy or co	ontract year
<b>(b)</b> EIN	code	identification number		persons covered at end of policy or contract year		(f) From		<b>(g)</b> To
61-1279717	95158	311354, 311347		87		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								
3 Persons receiving com	missions and f	ees. (Complete as many entrie	25 25	s needed to report all pe	ersons)			
• I crosme receiving com		and address of the agent, broke				ions or fees were p	aid	
	<u> </u>		, -					
								<u> </u>
(b) Amount of sales ar			ees	and other commissions	•			
commissions pai	d	(c) Amount		(a <sub>2</sub>	) Purpose	9		(e) Organization code
	(a) Name a	and address of the agent, broke	er, o	r other person to whom	commiss	ions or fees were p	aid	
(b) Amount of sales ar	nd base	<u>F</u>	ees	and other commissions	paid			
commissions pai		(c) Amount		(d)	) Purpose	e		(e) Organization code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

0

P	art III Welfare Benefit Contract Informat	ion				
٠,	If more than one contract covers the same gro		e same emp	lover(s) or members of	the same en	nplovee organizations(s).
	the information may be combined for reporting					
	employees, the entire group of such individua	I contracts with each ca	arrier may be	e treated as a unit for pu	urposes of th	iis report.
8	Benefit and contract type (check all applicable boxes)					
	a ☐ Health (other than dental or vision)	Dental	с	Vision		d Life insurance
		Long-term disabili	_	Supplemental unemp		<b>h</b> ☐ Prescription drug
					Dioyment	
		X HMO contract	ΚĮ	PPO contract		I 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 reser	ve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</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)	0
	(4) Claims charged				9b(4)	
	<b>c</b> Remainder of premium: (1) Retention charges (on					
	(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		0 (4)(E)			
	(F) Charges for risks or other contingencies					
	(G) Other retention charges					-
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a				9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1) A	•			9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c(2	<b>')</b> .)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to car	rier			10a	159264
	<b>b</b> If the carrier, service, or other organization incurred	any specific costs in c	onnection w	ith the acquisition or		
	retention of the contract or policy, other than report	ed in Part I, line 2 abov	e, report am	ount	10b	<u> </u>
	Specify nature of costs.					
Pa	art IV Provision of Information					
11	Did the insurance company fail to provide any informat	ion necessary to comp	lete Schedul	e A?	Yes	No No
	If the answer to line 11 is "Yes," specify the information				•	

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

OMB No. 1210-0110

2021

pursuant to ERISA section 103(a)(2). Inspection							m is Open to Public Inspection	
For calendar plan year 202	21 or fiscal pla	an year beginning 01/01/2021		and en	nding 12/3	1/2021		
A Name of plan				<b>B</b> Thre	e-digit			
NOKIA RETIREE WELFA	ARE BENEFIT	S PLAN		plan	number (PN	l) <b>•</b>	504	
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	oyer Identifica	ation Number	(EIN)	
NOKIA OF AMERICA CO				-	-3408857		,	
		rning Insurance Contra  A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca	rrier							
METROPOLITAN LIFE INS		MPANY						
METROT CENTRAL ENG	JOIN WOL OC	7.141						
/LA FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year	
<b>(b)</b> EIN	code	identification number	persons covered a policy or contrac		(f)	From	<b>(g)</b> To	
13-5581829	65978	95083-G	65558		01/01/2021		12/31/2021	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, b	orokers, and o	ther persons in	
(a) Total a	amount of com	nmissions paid		<b>(b)</b> To	otal amount o	of fees paid		
180000 543454								
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
		and address of the agent, broke			sions or fees	were paid		
AON CONSULTING INC	, ,	2984	0 NETWORK PLACE			•		
		CHIC	CAGO, IL 60673-1298					
(b) Amount of sales ar			ees and other commission				-	
commissions pai		(c) Amount		(d) Purpos			(e) Organization code	
	180000		OTHER SUPPLEMENTA MONETARY COMPENS		NSATION NO	JN-	3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	sions or fees	were paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose (e)				
				•				

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Part III Welfare Benefit Contract Information			
Part III Welfare Benefit Contract Information If more than one contract covers the same group of employe the information may be combined for reporting purposes if s employees, the entire group of such individual contracts with	uch contracts are experie	ence-rated as a unit. Where co	ntracts cover individual
8 Benefit and contract type (check all applicable boxes)			
a ☐ Health (other than dental or vision) b ☐ Dental	с∏∨	/ision	<b>d</b> X Life insurance
			h Prescription drug
	·		
i  Stop loss (large deductible) j  HMO con	tract <b>k</b> ∐ F	PPO contract	I Indemnity contract
m ☐ Other (specify) ▶			
<b>9</b> Experience-rated contracts:			
a Premiums: (1) Amount received	9a(1)	86366679	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)	<del>_</del>	
(4) Earned ((1) + (2) - (3))		9a(4)	86366679
<b>b</b> Benefit charges (1) Claims paid	9b(1)	97325674	
(2) Increase (decrease) in claim reserves	9b(2)	3658803	
(3) Incurred claims (add (1) and (2))			100984477
(4) Claims charged		9b(4)	100984477
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual bas	<i>'</i>		
(A) Commissions		180000	
(B) Administrative service or other fees			
(C) Other specific acquisition costs			_
(D) Other expenses		2478599	_
(E) Taxes		1983898	_
(F) Charges for risks or other contingencies		626791	_
(G) Other retention charges		159028	5400040
(H) Total retention			
(2) Dividends or retroactive rate refunds. (These amounts were	paid in cash, or cre	edited.) 9c(2)	3738822
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to	provide benefits after re	etirement 9d(1)	568203764
(2) Claim reserves		•	29467249
(3) Other reserves		9d(3)	1031107
e Dividends or retroactive rate refunds due. (Do not include amoun	t entered in line 9c(2).)	9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		<u>10a</u>	0
b If the carrier, service, or other organization incurred any specific or retention of the contract or policy, other than reported in Part I, lin Specify nature of costs.			
Day IV Description of Information			
Part IV Provision of Information		— — — — — — — — — — — — — — — — — — —	
11 Did the insurance company fail to provide any information necessary	to complete Schedule A	? Yes	X No
12 If the enginer to line 11 is "Vee" appoint the information not provided	<b>b</b>		

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

		parouant to				mspection	
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	iding 12/31/2021		
A Name of plan			<b>B</b> Thre	e-digit			
NOKIA RETIREE WELFA	ARE BENEFITS	SPLAN		plan	number (PN)	<b>504</b>	
				·	, ,		
C Plan sponsor's name a	ıs shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nu	mber (EIN)	
NOKIA OF AMERICA CO	RPORATION			22-	3408857		
		ning Insurance Contrac					ach contract
on a separa	ate Schedule A	. Individual contracts grouped a	as a unit in Parts II and III	can be re	ported on a single So	chedule A.	
1 Coverage Information:							
( ) N ( )							
(a) Name of insurance ca	rrier						
AETNA HEALTH PLANS							
	1		(a) Approximate pur	mhar of	Dolio	y or contract year	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nur persons covered at			<u> </u>	
(b) Env	code	identification number	policy or contract		(f) From	(g	<b>)</b> To
52-1270921	95287	US028740	71	•	01/01/2021	12/31/202	<u></u>
_							
2 Insurance fee and community descending order of the		ation. Enter the total fees and to	tal commissions paid. Lis	st in line 3	the agents, brokers,	and other persons	in
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount of fees p	aid	
.,		·			·		
2.5		(0 1					
Persons receiving com		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker	r, or other person to whom	commiss	ions or fees were pa	id	
(b) Amount of sales ar	nd base	Fe	es and other commission	s paid			
commissions pai	id	(c) Amount	(d) Purpose		(e) Organ	ization code	
	(a) Name a	and address of the agent, broker	r, or other person to whom	commiss	ions or fees were pa	id	
	Т						
(b) Amount of sales ar	nd base	<u> </u>	es and other commission	s paid			
commissions pai		(c) Amount		d) Purpos	e	(e) Organ	ization code
•			,	•			

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

P	the information may be combined for reporting purposes if	yees of the same employer(s) or members of the same employee organizations(s), such contracts are experience-rated as a unit. Where contracts cover individual ith 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	<b>c</b>
	e Temporary disability (accident and sickness) f Long-ter	rm disability <b>g</b> Supplemental unemployment <b>h</b> Prescription drug
	i ☐ Stop loss (large deductible) j ☒ HMO co	
		initiact R 110 contract I midentify contract
	m ☐ Other (specify) ▶	
9	Function of voted contracts.	
9	Experience-rated contracts:  a Premiums: (1) Amount received	00/1)
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
	<b>b</b> Benefit charges (1) Claims paid	52(1)
	(2) Increase (decrease) in claim reserves	21 (2)
	(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )	
	(4) Claims charged	
	c Remainder of premium: (1) Retention charges (on an accrual ba	asis)
	(A) Commissions	0.4040
	(B) Administrative service or other fees	- (1)(-)
	(C) Other specific acquisition costs	9c(1)(C)
	(D) Other expenses	
	(E) Taxes	9c(1)(E)
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	9c(1)(G)
	(H) Total retention	
	(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 t	to provide benefits after retirement
	(2) Claim reserves	9d(2)
	(3) Other reserves	
	e Dividends or retroactive rate refunds due. (Do not include amou	ınt entered in line 9c(2).)
10	Nonexperience-rated contracts:	
	<b>a</b> Total premiums or subscription charges paid to carrier	
	b If the carrier, service, or other organization incurred any specific retention of the contract or policy, other than reported in Part I, Ii Specify nature of costs.	
P	Part IV Provision of Information	
11	1 Did the insurance company fail to provide any information necessary	y to complete Schedule A? Yes X No
12	2. If the analysis to line 11 is "Vee " anality the information not provided	

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

			pursuant to	ERISA section $103(a)(2)$	).			Inspection
For calendar p	olan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/3	1/2021	
A Name of p	lan				<b>B</b> Thre	e-digit		
NOKIA RETIREE WELFARE BENEFITS PLAN				plan	number (PI	<b>N</b> )	504	
C Plan spons	sor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	(EIN)
NOKIA OF AI	MERICA CO	RPORATION			22-	3408857		
Part I			rning Insurance Contra a. Individual contracts grouped					
1 Coverage I	nformation:							
(a) Name of it								
		(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year
(b) E	IN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
06-6033492		60054	0700140-RET	21368		01/01/202	1	12/31/2021
		mission inform amount paid.	ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
	(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount	of fees paid	
3 Persons re	ceiving com		ees. (Complete as many entrie					
		(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amour	nt of sales ar	nd base	F	ees and other commissio	ns paid			
	missions pai		(c) Amount	(d) Purpose				(e) Organization code
		(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees	were paid	
				·			·	
(h) Amour	nt of sales ar	nd base	F	ees and other commissio	ns paid			
` '	missions pai		(c) Amount		(d) Purpos	e		(e) Organization code
	•				· ·			

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

F	Part I	If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	group of employees of the ng purposes if such cont	racts are ex	kperience-rated as a un	it. Where co	ontracts cover individual	
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> X Dental	С	Vision		<b>d</b> Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental unem	ployment	h Prescription drug	
	i [	Stop loss (large deductible)	j  HMO contract	k		, ,	I  Indemnity contract	
	m [		, 🗆					
	m	Other (specify)						
9	Evne	erience-rated contracts:						
Ŭ		Premiums: (1) Amount received		9a(1)				
	<b>~</b> .	(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium rese		9a(3)				
		(4) Earned ((1) + (2) - (3))				. 9a(4)		C
	_	Benefit charges (1) Claims paid		9b(1)		., • • • • • • • • • • • • • • • • • • •		
	-	(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (or				0.0(1)		
	•	(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						
		(H) Total retention			•	9c(1)(H)	)	C
		(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)	<b>—</b> ·	<u> </u>		9d(1)		
	<u> </u>	(2) Claim reserves	·			9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9e		
1(	) No	nexperience-rated contracts:		•	• •	-1		
	а	Total premiums or subscription charges paid to ca	arrier			10a	8347	7717
	b	If the carrier, service, or other organization incurre	ed any specific costs in c	onnection v	vith the acquisition or			
	Cno	retention of the contract or policy, other than repo cify nature of costs.	rted in Part I, line 2 abov	e, report an	nount	10b		
	Spo	sty nature of coole.						
Г	)art l	V Provision of Information						
	Part I					l v	V Na	
		the insurance company fail to provide any information		ete Schedu	ıle A?	Yes	X No	
12	2 If ti	he answer to line 11 is "Yes," specify the information	on not provided.					

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

		paredant to	=:::0:::000::::::00(\alpha)(=)	•		inspection	
For calendar plan year 202	21 or fiscal plar	n year beginning 01/01/2021		and en	nding 12/31/2021		
A Name of plan				<b>B</b> Thre	e-digit		
NOKIA RETIREE WELFARE BENEFITS PLAN				plan	number (PN)	504	
				<u> </u>	, ,	•	
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nu	mber (EIN)	
NOKIA OF AMERICA CO	RPORATION			22-	-3408857		
Part I Informat	ion Concer	ning Insurance Contrac	t Coverage, Fees,	and Con	nmissions Provid	e information for each	n contract
	ate Schedule A	Individual contracts grouped a	as a unit in Parts II and II	I can be re	ported on a single So	chedule A.	
1 Coverage Information:							
(a) Name of insurance ca	rrier						
HUMANA HEALTH PLANS	S. INC.						
	, -						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	y or contract year	
<b>(b)</b> EIN	code	identification number	persons covered a		(f) From	(g) T	Го
		+	policy or contract	ı year	.,,	<del></del>	
61-1103898	95270	SEE BELOW*	47		01/01/2021	12/31/2021	
		<u> </u>					
		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, brokers,	and other persons in	
descending order of the							
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount of fees p	aid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	nersons)			
• 1 crooms receiving com		and address of the agent, broker			cione or fooe wore no	id	
	(a) Name a	ind address of the agent, broker	, or other person to whor	II COITIIII33	sions of fees were pa	<u>iu</u>	
						<del></del>	
(b) Amount of sales ar			es and other commission				
commissions pai	d	(c) Amount		(d) Purpos	е	(e) Organiza	tion code
	(a) Name a	and address of the agent, broker	or other person to whom	n commiss	sions or fees were na	id	
	(a) Name a	ind address of the agent, broker	, or other person to who	II COITIIII33	sions of ices were pa	<u>iu</u>	
(b) Amount of sales ar			es and other commission				
commissions pai	d	(c) Amount		(d) Purpos	е	(e) Organiza	tion code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art I	If more than one contract covers the same group of en the information may be combined for reporting purpose	es if such contracts are	e expe	erience-rated as a unit	. Where co	ntracts cover individual
0	<u> </u>	employees, the entire group of such individual contrac	ts with each carrier ma	ay be	treated as a unit for pu	irposes or ti	піѕ героп.
	_	nefit and contract type (check all applicable boxes)			1		<b>-1</b> □
	a _	Health (other than dental or vision) b Den		c _	Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness) <b>f</b> Lon	g-term disability	g	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i	Stop loss (large deductible) j 🛛 HM0	O contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9 i	Ехре	erience-rated contracts:					
	a P	Premiums: (1) Amount received	9a(1	I)			
	(	(2) Increase (decrease) in amount due but unpaid	9a(2	2)			
	(	(3) Increase (decrease) in unearned premium reserve	9a(3	3)			
		(4) Earned ((1) + (2) - (3))	<u></u>			9a(4)	0
	b	Benefit charges (1) Claims paid	9b( <sup>*</sup>	1)			
	(	(2) Increase (decrease) in claim reserves	9b(2	2)			
	(	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(	(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrua	al 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)	0
		(2) Dividends or retroactive rate refunds. (These amounts v	vere paid in cash, o	or 🗌 o	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount h	eld to provide benefits	after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include a	mount entered in line	9c(2).	.)	9e	
10	Nor	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier				10a	30973
	b	If the carrier, service, or other organization incurred any spe	cific costs in connection	on wit	h the acquisition or		
		retention of the contract or policy, other than reported in Par				10b	
	Spec	ecify nature of costs.					
Pa	art l'	IV Provision of Information					
11	Did	d the insurance company fail to provide any information nece	ssarv to complete Sch	edule	Α? Π	Yes	X No
		the answer to line 11 is "Yes," specify the information not prov					<u>L I</u>

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

		p 4 0 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	=:::e;::ee:::::::::::::::::::::::::::::			inspection
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/31/2021	
A Name of plan				<b>B</b> Thre	e-digit	
NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		plan	number (PN)	504
					,	
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	oyer Identification Nur	nber (EIN)
NOKIA OF AMERICA CO	RPORATION			22-	-3408857	
Part I Informat	ion Concer	ning Insurance Contrac	t Coverage, Fees,	and Con	nmissions Provide	e information for each contract
on a separa	ate Schedule A	. Individual contracts grouped a	as a unit in Parts II and II	I can be re	ported on a single Sc	hedule A.
1 Coverage Information:						
(a) Name of insurance ca	rrier					
AETNA HEALTH PLANS						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	y or contract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contrac		(f) From	<b>(g)</b> To
			, ,	ı yeai		
23-2169745	95109	US028740	55		01/01/2021	12/31/2021
•						
		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers,	and other persons in
descending order of the						
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount of fees pa	<u>aid</u>
3 Persons receiving com	missions and fo	ees. (Complete as many entries	s as needed to report all	nersons)		
• 1 Greens receiving conti		and address of the agent, broker			rions or foos wore nai	id.
	(a) Name a	illu address of the agent, broker	, or other person to who	II COIIIIII33	sions of fees were par	<u>u</u>
(b) Amount of sales ar			es and other commission			
commissions pai	d	(c) Amount	(d) Purpose			(e) Organization code
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	cione or fees were nai	id
	(a) Name a	illu address of the agent, broker	, or other person to who	II COITIIII33	sions of fees were par	<u>u</u>
	1	_	and all and a state of the stat			
(b) Amount of sales ar			es and other commission	•		<del></del>
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part		Salvada a salaa	ale a surface as a surface of the su	46
		Where individual contracts are provided, the entire group of such individual this report.	iqual contracts with ea	on carrier may be treated as a un	it for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
_		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqui	sition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а	<del></del>	ate participation guaran		
		(3) guaranteed investment (4) other			
		(o) Sagranosa invocations (i) Saisi y			
	b	Palance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	/ D	0
	C	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(0) T		70/6)	0
	4	(6)Total additions		- \ _ \	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	7e(3)	<del></del>	
		(4) Other (specify below)	7e(4)		
		(4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7f</b>	0

Pa	art III Welfare Benefit Contract Informat	ion				
	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 reportin					
	employees, the entire group of such individua	I contracts with each ca	arrier may be	e treated as a unit for pu	urposes of th	iis report.
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	Dental	С	Vision		d Life insurance
		Long-term disabili	_	Supplemental unemp		<b>h</b> ☐ Prescription drug
					Dioyment	
		X HMO contract	κլ	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
	Experience-rated contracts:					_
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid.					
	(3) Increase (decrease) in unearned premium reser	ve	9a(3)		1	
	(4) Earned ((1) + (2) - (3))			······	9a(4)	0
	<b>b</b> Benefit charges (1) Claims paid					
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(4) Claims charged				9b(4)	
	<b>c</b> 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)	0
	(2) Dividends or retroactive rate refunds. (These a	mounts were paid ir	cash, or	credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1)				9d(1)	
	(2) Claim reserves	•			9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not				9e	
10	Nonexperience-rated contracts:			, ,		
	<b>a</b> Total premiums or subscription charges paid to car	rier			10a	295185
	<b>b</b> If the carrier, service, or other organization incurred	d any specific costs in c	onnection w	ith the acquisition or		
	retention of the contract or policy, other than report	ed in Part I, line 2 abov	e, report am	ount	10b	
	Specify nature of costs.					
Pa	art IV Provision of Information					
	Did the insurance company fail to provide any information	ion necessary to comp	lete Schedul	е А?	Yes	X No
	If the answer to line 11 is "Yes," specify the information		iere ochedul	сл:		<u> </u>
. 4	in the answer to line it is ites. Specify the initolitiation	i not provid <b>c</b> u. 🔻				

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

		pursuant to	LINION Section 103(a)(2)	١٠		inspection
For calendar plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/31/2021	
A Name of plan				<b>B</b> Thre	e-digit	
NOKIA RETIREE WELF	ARE BENEFITS	S PLAN			number (PN)	504
					, /	
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	oyer Identification Number	er (EIN)
NOKIA OF AMERICA CO	RPORATION			22-	3408857	
		ning Insurance Contrac				
	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and I	II can be re	ported on a single Sched	dule A.
1 Coverage Information:						
(a) Name of incurance of	ior					
(a) Name of insurance ca						
HUMANA HEALTH PLANS	S, INC.					
	( )	(1) 0 : :	(e) Approximate no	umber of	Policy or	contract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a		(f) From	
	code	identification number	policy or contract	t year	(I) FIOIII	<b>(g)</b> To
37-1326199	60052	304356, 303931	109		01/01/2021	12/31/2021
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
descending order of the		missions noid		/b\ T	atal amount of face poid	
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	sions or fees were paid	
(b) Amount of sales a	nd base	Fe	ees and other commissio	ns paid		
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code
	(a) Name e	and addrage of the agent business	r or other person tol-	m oommi	siona ar food ware not-	
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	sions or rees were paid	
	T	E	ees and other commissio	ne naid		
(b) Amount of sales a				•		(a) Ourseitstien state
commissions pa	iu	(c) Amount		(d) Purpos	E	(e) Organization code
	l l	II.				1

<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contra	cts with each carrier may	y be treated	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year e	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:			1	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in con				_
	-	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	_	Time of contract. (4) Time dividual religion (2) Time defended				
	е	Type of contract: (1) individual policies (2) group deferred	annully			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai				
•				tion guarantee		
	а	(,) = (,) =	te participa	lion guarantee		
		(3) guaranteed investment (4) dother				
	b	Balance at the end of the previous year			7b	0
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 7 5	0
	C		7c(2)			
		(2) Dividends and credits				
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(C)Tatal additions			7c(6)	0
	a	(6)Total additions				0
	_	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
	е	Deductions:	7 - (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		•				
		(5) Total deductions			7e(5)	0

**7**f

0

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....

Pa	rt II	Welfare Benefit Contract Informa	ation					
		If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	ing purposes if such cont	racts are expe	erience-rated as a un	it. Where co	ontracts cover i	
8	Benef	fit and contract type (check all applicable boxes)			<u> </u>	· ·	· · · · · · · · · · · · · · · · · · ·	
	а ∏	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		d Life insu	rance
	ᆸ		<u>=</u>	<u> </u>	1	nlov moont	블	
,	e ∐ . ⊢	Temporary disability (accident and sickness)	f Long-term disability		Supplemental unem	ipioymeni	h Prescrip	_
	' ∐	Stop loss (large deductible)	j X HMO contract	K_	PPO contract		I Indemnit	y contract
	m	Other (specify)						
		ience-rated contracts:						
•		remiums: (1) Amount received		9a(1)				
		2) Increase (decrease) in amount due but unpaid		9a(2)				
		3) Increase (decrease) in unearned premium res		9a(3)		00(4)		0
	_ `	4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		0
		Benefit charges (1) Claims paid						
	,	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		4) Claims charged4				9b(4)		
	,	Remainder of premium: (1) Retention charges (o				0.5(1)		
		(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)	)	0
	(	(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	credited.)	9c(2)		
	d s	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)		
10		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line <b>9c(2)</b> .	.)	9e		
10		experience-rated contracts:	orrior			100		252264
	_	Total premiums or subscription charges paid to c				10a		252264
		If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				10b		
;		ify nature of costs.	orted in Fart I, line 2 abov	c, report arrio	, di it	100		
Pa	rt I\	/ Provision of Information						
11	Did 1	the insurance company fail to provide any inform	ation necessary to compl	lete Schedule	A?	Yes	X No	
12	If the	e answer to line 11 is "Yes," specify the informati	on not provided.				<u> </u>	

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 tiscal plan year beginning 01/01/2021	and ending 12/31/2021
A Name of plan	<b>B</b> Three-digit
NOKIA RETIREE WELFARE BENEFITS PLAN	plan number (PN) 504
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
NOKIA OF AMERICA CORPORATION	22-3408857
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information record more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received <b>only</b> eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of the	with services rendered to the plan or the person's position with the the plan received the required disclosures, you are required to
Information on Persons Receiving Only Eligible Indirect Compensation	
Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the	
indirect compensation for which the plan received the required disclosures (see instructions f	for definitions and conditions)
If you answered line 1a "Yes," enter the name and EIN or address of each person providing 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 disc	closures on eligible indirect compensation
THE DREYFUS CORPORATION	
13-5673135	
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation
METLIFE	
13-5881829	
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation

Schedule C (Form 5500) 2021	Page <b>2-</b>	. 1	
	-		
(b) Enter name and EIN or address of per	son who provided you disclosur	ures on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	ures on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	ures on eligible indirect compensation	
(b) Lines frame and Line of address of per	3011 Willo provided you disclosur	nes on engine maneer compensation	
(h) F			
(b) Enter name and EIN or address of per	son who provided you disclosur	ires on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	res on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	ures on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	ures on eligible indirect compensation	
(b) Enter name and EIN or address of per	son who provided you disclosur	res on eligible indirect compensation	

Page 3	- 1
--------	-----

13 50

NONE

231427

Yes No X

Yes No

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
	, 5. 4, 1	•		r address (see instructions)	p.a dag a.o p.a ) oa (o	
ALIGHT S	SOLUTIONS LLC					
82-106123	33					
(b) Service Code(s)	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?	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
13 15 50	NONE	2769402	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
22-223220	64	,				
(b) Service Code(s)	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?	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
11 16 38 50	NONE	232038	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
CVS CAR	REMARK					
05-034062	26					
(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

Page	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation on person receiving, directly or	indirectly, \$5,000 or more in t	total compensation
(i.e., mon	ney or anything else of			ne plan or their position with the raddress (see instructions)	plan during the plan year. (S	ee instructions).
DELOITT	E & TOUCHE, LLP	<u> </u>	(-,			
13-38915	17					
(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?	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 formula instead o an amount or estimated amount
10 50	NONE	118234	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
22-364652 (b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead o an amount or
31 50	AFFILIATE	100047	Yes No X	Yes No		Yes No
		(	a) Enter name and EIN or	address (see instructions)		
UNITED I	HEALTHCARE					
(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?	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 formula instead o an amount or estimated amount
13 50	NONE	94342				

Yes No X

Yes No

Yes No

Page :	3 -
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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) **IBM WATSON HEALTH** 13-0871985 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a by the plan. If none, service provider excluding organization, or compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 15 50 **NONE** 79781 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) **BLACKROCK INSTITUTIONAL TRUST CO** 94-3112180 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a compensation? (sources by the plan. If none, formula instead of organization, or compensation, for which the service provider excluding person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 21 24 28 **NONE** 28157 50 51 Yes X No Yes X No Yes No X (a) Enter name and EIN or address (see instructions) PRICEWATERHOUSE COOPERS LLC 13-4008324 (b) (c) (d) (e) (f) (h) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 10 50 **NONE** 27316

Yes No X

Yes No

Yes No

Page 3	3 - 2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
		(	(a) Enter name and EIN o	r address (see instructions)		
BANK OF	NEW YORK MELLON	N				
13-51603	82					
(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?	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 formula instead o an amount or estimated amount
19 21 25 49 50 62	TRUSTEE	23000	Yes 🛛 No 🗍	Yes 🛛 No 🗌	0	Yes X No
			(a) Enter name and EIN or	address (see instructions)		
13-35743	<b>T</b>					
(b) Service Code(s)	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?	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 formula instead o an amount or estimated amount
36 50	NONE	15347	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
UNIVERS	SAL MAILING SERVIC	E				
(b) Service Code(s)	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?	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 formula instead o an amount or estimated amount

13247

Yes No X

Yes No

Yes No

38 50

NONE

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
TAX SAV	ER					
75-17611	82					
(b) Service Code(s)	Relationship to employer, employer 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 formula instead o an amount or estimated amount
13 50	NONE	5646	Yes No X	Yes No		Yes No
		,	a) Enter name and EIN or	address (see instructions)		
RICHARE	O CASH		203 C	DRNELL BLVD BEWATER, NJ 08807-2423		
(b) Service Code(s)	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
16 50	NONE	5500	Yes No X	Yes No		Yes No
		(	a) Enter name and EIN or	address (see instructions)	,	
(b) Service Code(s)	Relationship to employer, employer 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 formula instead o 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 compensatio or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	ment, broker, or recordkeeping compensation and (b) each so	g services, answer the following urce for whom the service
(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	formula used to determine	compensation, including any the service provider's eligibility he 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	formula used to determine	compensation, including any the service provider's eligibility he 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	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.

Part II Service Providers Who Fail or Refuse to  4 Provide, to the extent possible, the following information for ea		mation er who failed or refused to provide the information necessary to complete
this Schedule.	acii service provide	a who falled of ferused to provide the illionnation necessary to complete
(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
(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

Page 6	<b>i</b> -
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Pa	Termination Information on Accountants and En (complete as many entries as needed)	nrolled Actuaries (see instructions)
а	Name:	<b>b</b> EIN:
C	Position:	
d	Address:	<b>e</b> Telephone:
Ex	planation:	
а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	<b>e</b> Telephone:
		·
Ex	planation:	
а	Name:	<b>b</b> EIN:
C	Position:	
d	Address:	<b>e</b> Telephone:
-	, iddi ooc.	• Foliophionio.
Ex	planation:	<u>,                                      </u>
а	Name:	<b>b</b> EIN:
C	Position:	D LIIV.
d	Address:	e Telephone:
u	Addiess.	С тетернопе.
Fx	planation:	
	,	
	Name	h rai
<u>a</u>	Name:	b EIN:
<u>c</u>	Position:	A Talanhana.
d	Address:	<b>e</b> Telephone:
	wlanation.	
Explanation:		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **DFE/Participating Plan 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			<b>B</b> Three-digit		
NOKIA RETIREE WELFARE BENEFITS PLAN		plan number (PN) 504			
C Plan or DFE sponsor's name as sh	own on line 2a of Form	n 5500	D Employer Identification Number (EIN)		
NOKIA OF AMERICA CORPORATION	ON		22-3408857		
D. A. Dafamarian and inter-	and a language of	T- DOA I 400 40 IF- //- I	l l l l l l l l l l l l l l l l l l l		
		Ts, PSAs, and 103-12 IEs (to be co	npleted by plans and DFES)		
<b>a</b> Name of MTIA, CCT, PSA, or 103-		. ,			
a Name of With, COT, 1 OA, of 103					
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROC	K INSTITUTIONAL TRUST CO. N.A.			
	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	SA or		
<b>C</b> EIN-PN 94-3167617-001	code	103-12 IE at end of year (see instruction			
a Name of MTIA, CCT, PSA, or 103-	12 IE · BI ACKBOCI	K EAFE EQUITY INDEX FUND			
Name of Witth, COT, FSA, OF 103-					
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROC	K INSTITUTIONAL TRUST CO. N.A.			
<b>C</b> EIN-PN 94-6581674-001	<b>d</b> Entity C	Dollar value of interest in MTIA, CCT, P     103-12 IE at end of year (see instruction)			
a Name of MTIA, CCT, PSA, or 103-	12 IF: BLACKROCI	K U.S. DEBT INDEX FUND			
a Name of With, COT, 1 OA, of 103					
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROC	K INSTITUTIONAL TRUST CO. N.A.			
<b>C</b> EIN-PN 94-3138366-001	d Entity C	Dollar value of interest in MTIA, CCT, P     103-12 IE at end of year (see instruction)			
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCI	K RUSSELL 3000 INDEX FUND B			
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROC	K INSTITUTIONAL TRUST CO. N.A.			
	late o	- B.II	0.4		
<b>C</b> EIN-PN 94-3304650-001	d Entity C	e Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instruction			
• N. (MTIA COT DOA 400	1	·			
<b>a</b> Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCI	K MSCI ACWI EX US INDEX FD			
<b>b</b> Name of sponsor of entity listed in (a):  BLACKROCK INSTITUTIONAL TRUST CO. N.A.					
<b>c</b> EIN-PN 30-0587660-001	d Entity C	Dollar value of interest in MTIA, CCT, P     103-12 IE at end of year (see instruction)			
		1 100 12 12 at one or year (see instruction	~		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
<b>b</b> Name of sponsor of entity listed in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, P     103-12 IE at end of year (see instruction)			
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
	<b>d</b> Entity	Pollar value of interest in MATIA COT B	SA or		
C EIN-PN	code	e Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instruction			

Schedule D (Form 5500) 2	2021	Page <b>2 -</b> 1		
a Name of MTIA, CCT, PSA, or 103	3-12 IE:			
<b>b</b> Name of sponsor of entity listed in	າ (a):			
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	3-12 IE:			
<b>b</b> Name of sponsor of entity listed in	າ (a):			
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	3-12 IE:			
<b>b</b> Name of sponsor of entity listed in	າ (a):			
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103	3-12 IE:			
<b>b</b> Name of sponsor of entity listed in	າ (a):			
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
Name of MTIA, CCT, PSA, or 103-12 IE:				
<b>b</b> Name of sponsor of entity listed in (a):				
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
<b>b</b> Name of sponsor of entity listed in (a):				
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
Name of MTIA, CCT, PSA, or 103-12 IE:				
<b>b</b> Name of sponsor of entity listed in	າ (a):			
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
<b>b</b> Name of sponsor of entity listed in (a):				

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

**d** Entity

**d** Entity

**d** Entity

code

code

code

C EIN-PN

C EIN-PN

C EIN-PN

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b 	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN

# **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# **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

				,,,
	and e	nding 12/31/2021		
		B Three-digit		
		plan number (PN	<b>1</b> )	504
		,	,	-
		D Employer Identific	cation Number (	EIN)
		22-3408857		
ore than one e contract wl CTs, PSAs, a	e plan on a l hich guarant and 103-12 l	ine-by-line basis unles ees, during this plan y	s the value is re ear, to pay a sp	portable on ecific dollar
	(a) Be	ginning of Year	<b>(b)</b> End	of Year
1a				
1b(1)				
1b(2)				
1b(3)		35290000		18903000
	ore than one contract when the	year. Combine the value ore than one plan on a lie contract which guarant CTs, PSAs, and 103-12 le instructions.  (a) Be 1a 1b(1) 1b(2)	Particle Properties of	Plan number (PN)  D Employer Identification Number (22-3408857)  year. Combine the value of plan assets held in more than one fore than one plan on a line-by-line basis unless the value is rece contract which guarantees, during this plan year, to pay a spcTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), a instructions.  (a) Beginning of Year (b) End 1a  1b(1)  1b(2)

- can no microst source growth		ll l	
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35290000	18903000
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)	145121000	161642000
(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)	13683000	2341000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	271003000	571942000
(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	465097000	754828000
Liabilities			
g Benefit claims payable	1g	7400000	9700000
h Operating payables	1h	217000	460000
i Acquisition indebtedness	1i		
j Other liabilities	1j	7051000	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	14668000	10160000
Net Assets			
l Net assets (subtract line 1k from line 1f)	11	450429000	744668000

## 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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	662000	
	(B) Participants	2a(1)(B)	72512000	
	(C) Others (including rollovers)	2a(1)(C)	359093000	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		432267000
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)	122000	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		122000
	(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)	41332000	
	(C) Total unrealized appreciation of assets.  Add lines 2b(5)(A) and (B)	2b(5)(C)		41332000

		(	(a) Amount		(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)				21630000
(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				6553000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d				501904000
Expenses					
Benefit payment and payments to provide benefits:					
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		186	906000	
(2) To insurance carriers for the provision of benefits	2e(2)		11:	211000	
(3) Other	2e(3)				
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)				198117000
f Corrective distributions (see instructions)	2f				
g Certain deemed distributions of participant loans (see instructions)					
h Interest expense	2h				
i Administrative expenses: (1) Professional fees	2i(1)		9:	548000	
(2) Contract administrator fees	2i(2)				
(3) Investment advisory and management fees	0:(0)				
(4) Other	0:/4\				-
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:/=)				9548000
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total					207665000
Net Income and Reconciliation	" <b>_</b>				20100000
k Net income (loss). Subtract line 2j from line 2d	2k				294239000
I Transfers of assets:					234233000
(1) To this plan	21(1)				
(2) From this plan					
(2) From the plan					
Part III Accountant's Opinion					
3 Complete lines 3a through 3c if the opinion of an independent qualified publi attached.			to this Form	1 5500. Co	mplete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for this p	olan is (see in:	structions):			
(1) Unmodified (2) Qualified (3) Disclaimer (4	4) Adverse	!			
<b>b</b> Check the appropriate box(es) to indicate whether the IQPA performed an E performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(cm)	d). Check box	(3) if pursua	ant to neithe	er.	
(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3	3) X neither D	OL Regulat	tion 2520.10	03-8 nor D	OL Regulation 2520.103-12(d).
<b>c</b> Enter the name and EIN of the accountant (or accounting firm) below:		(A) = 11.1			
(1) Name: DELOITTE & TOUCHE LLP		(2) EIN:	13-38915	17	
d The opinion of an independent qualified public accountant is <b>not attached</b> b					D 0500 404 50
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta	iched to the n	ext Form 55	000 pursuar	it to 29 CF	R 2520.104-50.
Part IV   Compliance Questions					
4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j.	•	e lines 4a, 4	le, 4f, 4g, 4	h, 4k, 4m,	4n, or 5.
During the plan year:		г	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions wit period described in 29 CFR 2510.3-102? Continue to answer "Yes" for an fully corrected (See instructions and DOI's Voluntary Fiduciary Corrections	y prior year fa		42	X	
fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	ıı rıoyıanı.)		4a	^	

Page	4-	
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1

Schedule H (Form 5500) 2021

			Yes	No	Amo	unt
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		
С	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		
е	Was this plan covered by a fidelity bond?	4e	Х			12000000
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		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.)	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		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
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				
5а	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	ı(s) to w	hich assets or liab	lities were
	5b(1) Name of plan(s)				<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
i	Vas the plan a defined benefit plan covered under the PBGC insurance program at any time during this instructions.)  "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan y	🗌	-	`	_	

Employer ID No: 22-3408857

Plan Number: 504

Financial Statements as of December 31, 2021 and 2020 and for the Year Ended December 31, 2021, Supplemental Schedules as of and for the Year Ended December 31, 2021, and Independent Auditor's Report

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Notes to Financial Statements as of December 31, 2021 and 2020 and for the Year Ended December 31, 2021	
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021	23
Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2021	

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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#### INDEPENDENT AUDITOR'S REPORT

To the Administrator of the Nokia Retiree Welfare Benefits Plan

#### Opinion

We have audited the financial statements of the Nokia Retiree Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2021 and 2020 and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the 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.

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 Plan's ability to continue as a going concern for one year after the date that 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.

#### Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's 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 GAAS 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 GAAS, 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 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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.

#### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2021, and schedule of reportable transactions for the year ended December 31, 2021 are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

September 16, 2022

Deloitte & Jache UP

# Statements of Benefit Obligations and Net Assets Available for Benefits

# As of December 31, 2021 and 2020

(In Thousands)

	December 31			
	2021	2	020	
BENEFIT OBLIGATIONS				
Postretirement benefit obligation:				
Current retirees	\$ 2,241,000 \$	5 2	,508,100	
Medical claims payable and liability for claims incurred				
but not reported	9,700		7,400	
Other participants not yet fully eligible for benefits	36,600		45,000	
Total benefit obligations	2,287,300	2	,560,500	
ASSETS				
Group life insurance policies	571,942		271,003	
Net assets held in Lucent Technologies Inc. Master Pension Trust	,			
Restricted for 401(h) account	126,049		156,710	
Commingled funds	161,642		145,121	
Registered investment company	2,341		13,683	
Rebates receivable	16,461		35,290	
Due from Sponsor, net	2,442		_	
Total assets	880,877		621,807	
LIABILITIES				
Due to Sponsor, net	_		7,051	
Accrued administrative expenses	460		217	
Total liabilities	460		7,268	
Net assets available for benefits	880,417		614,539	
EXCESS OF BENEFIT OBLIGATIONS OVER NET	,			
ASSETS AVAILABLE FOR BENEFITS	\$ 1,406,883	5 1	,945,961	

See notes to financial statements.

# Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

For the Year Ended December 31, 2021

(In Thousands)

Net decrease in benefit obligations	
Increase (decrease) during the period attributable to:	
Benefits paid, net of retiree contributions	\$ (206,800)
Change in actuarial assumptions and experience	(11,800)
Interest due to the passage of time	48,000
Change in discount rate	(102,600)
Net decrease in benefit obligations	(273,200)
Net change in net assets available for benefits	
ADDITIONS:	
Other contributions	359,093
Sponsor contributions	662
Participant contributions	 72,512
Total contributions	432,267
Investment income:	
Dividend and interest income from insurance policies	6,553
Net appreciation in fair value of investments	62,962
Interest income	 122
Total investment income	 69,637
Total additions	501,904
<b>DEDUCTIONS:</b>	
Claims paid, net of rebates	184,606
Premiums paid	11,211
Net decrease in 401(h) account	30,661
Administrative expenses	 9,548
Total deductions	 236,026
Net increase in net assets available for benefits	 265,878
Decrease in excess of benefit obligations over net assets available for benefits	(539,078)
EXCESS OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	 1,945,961
End of year	\$ 1,406,883

See notes to financial statements.

#### Notes to Financial Statements

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

(In Thousands)

#### 1. Description of the Plan

The following description of the Nokia Retiree Welfare Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document, and the plan documents and the summary plan descriptions of each of the component plans, for a more complete description of the Plan's provisions.

#### General

The Plan is an umbrella plan comprised of the following component plans: the Nokia Medical Expense Plan for Retired Employees (the Retiree Medical Plan), the Nokia Dental Expense Plan for Retired Employees (the Retiree Dental Plan) and the Nokia Group Life Insurance Plan for Retired Employees (the Retiree Group Life Plan). The Retiree Medical Plan and the Retiree Dental Plan are contributory employee welfare benefit plans that provide standard health benefits to eligible retired employees (and eligible dependents of such retired employees) of Nokia of America Corporation (the Company and also the Plan Sponsor and the Plan Administrator), identified affiliates and predecessor entities. Although the Retiree Group Life Plan permits participant contributions, the Plan has been non-contributory to date. It provides basic life insurance coverage to eligible retired employees of the Company, identified affiliates, and predecessor entities who are eligible for disability or service pensions. The Plan and its component plans are employee welfare benefit plans subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA).

In August 2019, the Company and the Communications Workers of America and International Brotherhood of Electrical Workers (collectively, the Unions) entered into an agreement (i) to continue health benefits for formerly represented retirees through December 31, 2024, (ii) to reduce the Company's funding commitment with respect to such health benefits for the 2020, 2021, 2022, 2023 and 2024 plan years by \$40,000 each year, and (iii) to continue life insurance coverage for such retirees through December 31, 2024. In October 2020, the Company and the Unions entered into a further agreement (i) to continue health benefits for formerly represented retirees through December 31, 2027, (ii) to reduce the Company's funding commitment with respect to such health benefits for the 2025, 2026, and 2027 plan years by \$40,000 each year, and (iii) to continue life insurance coverage for such retirees through December 31, 2027.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 1. Description of the Plan (continued)

#### **Benefits**

The Plan provides health benefits (hospital, surgical, medical, prescription drug and mental health/chemical dependency), including a Health Maintenance Organization (HMO) option and a Medicare Advantage Preferred Provider Organization (MAPPO) option, and dental benefits, including a Dental Maintenance Organization (DMO) option and a Preferred Provider Organization (PPO) option, to eligible retired participants, their lawful spouses, and eligible dependents. The Plan provides for continuation of certain benefits upon the occurrence of a qualifying event through the Consolidated Omnibus Budget Reconciliation Act of 1985.

In addition to health benefits, the Plan provides death benefits to eligible retired employees of the Company which are payable to their beneficiaries. A participant may assign his or her life insurance under the Plan in accordance with the terms and conditions of the policy. Benefit payments for these benefits are administered under insurance contracts with Metropolitan Life Insurance Company (MetLife).

The Company pays for the benefits under the Plan, and the Plan then reimburses the Company for certain benefit payments.

#### Section 420 maintenance of cost obligation

Section 420 of the Internal Revenue Code of 1986, as amended (the Code) permits employers maintaining an overfunded defined benefit pension plan to transfer excess pension assets (as defined in Section 420) from the pension plan to a health benefits account, a retiree life insurance account, or both, established within the pension plan and to use the assets in such accounts to pay for applicable health benefits or applicable life insurance benefits (each as defined in Section 420) for retired employees (and, with respect to health benefits, their spouses and dependents). Under current law, no such transfers may be made after December 31, 2025.

A transfer of excess pension assets under Section 420 imposes certain "maintenance of cost" obligations on the group health plan or arrangement and group term life insurance plan under which the applicable health benefit and applicable life insurance benefits, as the case may be, are provided.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 1. Description of the Plan (continued)

#### **Contributions**

In June 2021, the Company made a contribution in the amount of \$319,100 for prepaid premiums for retiree life insurance coverage for eligible management and non-represented occupational retirees for the period January 1, 2022 through December 31, 2030. In December 2021, the Company made a contribution in the amount of \$40,000 for prepaid premiums for retiree life insurance coverage for eligible formerly represented occupational retirees for the period January 1, 2022 through December 31, 2022. The Company was reimbursed for these contributions in the amount of \$359,093 by the applicable life insurance accounts held in the Lucent Technologies Inc. Master Pension Trust (MPT). The contributions from the MPT are recorded as Other contributions on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. See Note 4 for additional information.

The Company has established two voluntary employees' beneficiary association (VEBA) trusts (the Trusts). According to the Trusts' agreements, the Company may contribute such assets to the Trusts as it reasonably determines necessary and appropriate to pay expenses under the various medical, dental, and group life benefit plans consistent with any limitations under Section 419 of the Code and shall specifically indicate the allocation of such assets among the plans.

Participant contributions are made primarily through pension deductions and direct billing by the Company, which in turn remits contributions to the Plan on the participants' behalf. Participant contributions reflect the cost of the selected coverage level and optional dependent coverage less the amount of cost paid by the Company. Participant contributions also include elections to continue coverage for dependents of deceased retired participants.

For eligible formerly represented occupational retirees who retired before March 1, 1990, the Company pays the entire cost of the medical and dental coverage, except for non-grandfathered Class II dependents for whom the retiree pays the entire cost. In addition, the Company reimburses the entire amount of Medicare Part B premiums for these Medicare-eligible retired employees and/or their spouses.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 1. Description of the Plan (continued)

For eligible formerly represented occupational retirees who retire on or after March 1, 1990, Company contributions are limited to the following annual amounts for medical and dental coverage:

	Formerly Represented Occupational (In Whole Dollars)
Retired under age 65 – single coverage Retired under age 65 – family coverage Retired age 65 and over – single coverage Retired age 65 and over – family coverage	\$ 4,225 8,600 2,000 4,625

In addition, the amount the Company reimburses for Medicare Part B premiums for these Medicare-eligible retired employees will not exceed \$46.00 per month (\$33.00 for spouses) (in whole dollars). However, no reimbursement is made for spouses of employees who retired after May 31, 1998.

For eligible management and non-represented occupational retirees who retired before March 1, 1990, the Company pays the entire cost of the medical coverage, except for non-grandfathered Class II dependents for whom the retiree pays the entire cost. Management and non-represented occupational retirees pay the full dental cost.

Effective January 1, 2017, medical and dental coverage was eliminated for post-March 1, 1990 non-Medicare eligible management retirees and their dependents and for post-March 1, 1990 non-Medicare eligible non-represented occupational retirees and their dependents. For post-March 1, 1990 Medicare-eligible management and non-represented occupational retirees and their dependents, the retiree pays the entire cost.

Pursuant to a December 2004 collective bargaining agreement between the Company and the Unions, the Lucent Supplemental Healthcare Benefits Trust for Formerly Represented Retirees (SHBT) was established for the exclusive purpose of paying a portion of the retiree healthcare benefits that eligible participants and their beneficiaries who are covered by the agreement would otherwise be required to absorb through premiums and other payments. The SHBT provides reimbursement to the Company for a portion of the participants' medical and/or dental expenses.

Notes to Financial Statements (continued)

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

(In Thousands)

## 1. Description of the Plan (continued)

There were no reimbursements during the year ended December 31, 2021.

Prescription drug benefits are provided for Medicare-eligible management and non-represented occupational retirees through a Medicare Prescription Drug Plan (PDP). In a PDP, the prescription drug vendor contracts directly with The Centers for Medicare and Medicaid Services (CMS) to provide Medicare Part D coverage. Plan sponsors who offer PDPs do not receive Medicare Part D Retiree Drug Subsidies for these plans. Effective January 1, 2021, the PDP is administered by UnitedHealthcare, through an insured UnitedHealthcare® Group MAPPO plan with prescription drug coverage. Also, effective January 1, 2021, formerly represented occupational retirees are covered under a self-insured drug program administered by CVS Caremark. Other self-insured programs include certain medical options administered by UnitedHealthcare and a dental option administered by Aetna.

#### Benefit obligations funding

The Company makes contributions to the Plan as needed to fund claims in excess of participants' contributions. At December 31, 2021 and 2020, the Plan's benefit obligations exceeded its net assets available for benefits. However, management expects that the Plan's net assets available for benefits and future Company contributions will be sufficient to fund obligations as they become due.

#### Plan termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, subject to collective bargaining agreements, to modify the benefits provided to participants, to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions set forth in ERISA. In the event of such termination, the net assets of the Plan shall be allocated to pay the benefit obligations of the Plan in accordance with ERISA.

#### 2. Summary of significant accounting policies

## **Basis of accounting**

The financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

## Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

## Valuation of investments and income and expense recognition

The Plan invests in commingled funds and a registered investment company. Investments in commingled funds are valued at fair value based on the net asset values (NAV), as a practical expedient, on the last business day of the plan year as determined by the trusts' managers. There are no unfunded commitments and currently no redemption restrictions on the commingled funds. The investment in the registered investment company is valued at fair value based on the fund's quoted NAV on the last business day of the plan year as determined by the fund's manager. See Note 3 for additional information.

Purchases and sales of investments are recorded on a trade-date basis. Interest income and administrative expenses are recorded on an accrual basis. Dividend income is recorded on investments held as of the ex-dividend dates. The net appreciation/(depreciation) in fair value of investments consists of the realized gains and losses on the sales of securities and the unrealized appreciation/ (depreciation) of investments.

#### Valuation of group life insurance policies

The Company has prepaid premiums for life insurance policies with an insurance company. The prepaid premiums are invested by the insurance company at the Plan's direction in equity, fixed income and international equity separate accounts and general accounts, all of which are valued by the insurance company at NAV, as a practical expedient. There are no unfunded commitments and currently no redemption restrictions on these accounts. The underlying investments in the separate accounts are valued at fair value generally using readily available market values. If there is no readily available market value for any asset in the separate accounts, the insurance company determines, at its discretion and in accordance with any applicable laws and regulations, the value to be used as such asset's market value. The Plan is allocated a portion of the earnings from these investments. The general account's interest crediting rate is currently based upon the six-month U.S. Treasury Bill plus 0.25%. The policies are valued by the insurance company based on the fair value of the underlying assets in the separate accounts and the general account balance.

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 financial instruments could result in a different fair value measurement at the reporting date.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

## Postretirement benefit obligation (PBO)

The PBO represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31 of the applicable year. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and eligible dependents and beneficiaries, (2) active management employees with more than 15 years of service as of June 30, 2001 and eligible dependents and beneficiaries and (3) all represented employees and eligible dependents and beneficiaries after retirement from the Company. Prior to an active employee's full eligibility date, the PBO is the portion of the expected postretirement benefit obligation that is attributed to that employee's service performed prior to the valuation date.

The PBO is determined by the Plan's actuary, Aon, and is the amount that results from applying actuarial assumptions to historic claims cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

For purposes of determining the actuarial present value of the PBO for medical as of December 31, 2021, a 6.0% post-65 medical, 6.0% pre-65 medical and 6.90% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2022 for formerly represented occupational retirees and a 6.0% post-65 medical, 6.1% pre-65 medical and 7.05% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2022 for management and non-represented occupational retirees. These rates were assumed to decline gradually after 2022 to 4.5% by the year 2029 and then remain constant.

For purposes of determining the actuarial present value of the PBO for medical as of December 31, 2020, a 6.0% post-65 medical, 6.0% pre-65 medical and 6.90% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2021 for formerly represented occupational retirees and a 6.0% post-65 medical, 6.1% pre-65 medical and 7.05% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2021 for management and non-represented occupational retirees. These rates were assumed to decline gradually after 2021 to 4.5% by the year 2028 and then remain constant.

# Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

These assumptions could greatly affect the amounts reported. To illustrate, increasing the assumed trend rate by 1% in each year could increase the PBO for medical benefits by \$11,500 and \$17,200 at December 31, 2021 and 2020, respectively.

For purposes of determining the actuarial present value of the PBO for dental as of December 31, 2021, a rate of 3.0% was assumed for 2022 and beyond. For purposes of determining the actuarial present value of the PBO for dental as of December 31, 2020, a rate of 3.0% was assumed for 2021 and beyond. These assumptions could greatly affect the amounts reported. To illustrate, increasing the assumed trend rate by 1% in each year could increase the PBO for dental benefits by \$700 and \$900 at December 31, 2021 and 2020, respectively.

For group life costs, the PBO is the amount that results from applying actuarial assumptions to participant census data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following summarizes other significant actuarial assumptions used in the valuations as of December 31, 2021 and 2020, respectively:

Weighted-average discount rate: 2.41% (2021), 1.94% (2020)

Mortality: 2021: Society of Actuaries Pri-2012 amounts –

weighted, white collar for management retirees and blue collar for occupational retirees with MP-2020

generational projection scale

2020: Society of Actuaries Pri-2012 amounts – weighted, white collar for management retirees and blue collar for occupational retirees with MP-2020

generational projection scale

Weighted average rate of

compensation increase: 2.00% (2021), 2.00% (2020)

# Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

The foregoing assumptions are based on the presumption that the benefits will continue. Were the benefits to terminate, different actuarial assumptions and other factors might be applicable in determining the PBO. The changes in actuarial assumptions and experience on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits for the year ended December 31, 2021 in the amount of (\$11,800) includes increases of \$800 related to benefits accumulated and \$2,300 related to changes in the liability for claims incurred but not reported.

## Medicare subsidy

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 provides for a government subsidy to plan sponsors that maintain a prescription drug plan for Medicare-eligible participants that is at least actuarially equivalent to the benefit provided by Medicare Part D. The Plan does provide an actuarially equivalent benefit. Therefore, the Company expects to receive a subsidy. The Plan's benefit obligation does not reflect the subsidy because the subsidy is provided to the Company and not the Plan.

## Claims incurred but not reported

Plan obligations at December 31, 2021 and 2020 for incurred but not reported claims are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party administrator and are reported on the Statements of Benefit Obligations and Net Assets Available for Benefits. These amounts are paid by the Plan only if claims are submitted and approved for payment. The liability for claims incurred but not reported as of December 31, 2021 and December 31, 2020 is \$9,700 and \$7,400, respectively.

#### Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make significant estimates and assumptions that affect the reported amounts of assets and benefit obligations and changes therein and disclosures of contingent assets and liabilities. These significant estimates include the Plan's benefit obligations and market value of investments. Actual results could differ from those estimates.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

#### Risks and uncertainties

Plan contributions and the actuarial present value of the Plan's benefit obligations are determined based on certain assumptions pertaining to per capita claim estimates, interest and mortality rates, inflation rates and participant demographics, all of which are subject to change. As of the date of these financial statements, the Company believes these estimates and assumptions concerning matters such as interest rates and participant demographics are reasonable. However, due to the uncertainties inherent in making any estimate or assumption, it is at least reasonably possible that actual results may differ materially from what has been estimated or assumed.

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in near term and that such changes could materially affect the amounts reported in the Statements of Benefit Obligations and Net Assets Available for Benefits.

#### Payment of benefits

Claims are recorded when paid and are presented net of rebates. Premiums are recorded when paid. Certain premiums and claims are paid from the general assets of the Company; however, all premiums and claims are recorded in the accompanying Statement of Changes in Benefit Obligations and Net Assets Available for Benefits, regardless of whether they were paid from Plan assets or from the general assets of the Company.

#### **Administrative expenses**

The Plan pays certain administrative expenses that include, but are not limited to, fees paid to the plan recordkeeper, third-party claims administrators, auditor, trustee, investment manager, actuary and allocable portions of certain salaries and fringe-benefit costs. These expenses are reported on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits as administrative expenses. All other administrative expenses are paid by the Company.

## Notes to Financial Statements (continued)

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

(In Thousands)

## 2. Summary of significant accounting policies (continued)

#### **Rebates**

Rebates are recorded when earned from the provider and netted with claims paid in the accompanying Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. The Plan utilizes a pharmacy benefit manager which periodically issues rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Rebates totaling \$51,247 have been netted with claims paid in the accompanying Statement of Changes in Benefit Obligations and Net Assets Available for Benefits for the year ended December 31, 2021.

#### Due from/to Sponsor, net

The Plan Sponsor makes benefit payments on behalf of the Plan and has the right to receive subsequent reimbursement from the Plan. Amounts due to the Plan Sponsor that have yet to be reimbursed are recorded as a liability. Amounts due from the Sponsor that have yet to be received are recorded as a receivable. The Plan has reported on the Statements of Benefit Obligations and Net Assets Available for Benefits a Due from Sponsor, net of participant contributions of \$2,084, of \$2,442 as of December 31, 2021, and a Due to Sponsor, net of participant contributions of \$2,683, of \$7,051 as of December 31, 2020.

#### 3. Investments

Plan investments are held in two separate trusts: (1) the Lucent Technologies Inc. Postretirement Welfare Benefits Trust for Represented Employees (the Represented Trust), and (2) the Lucent Technologies Inc. Postretirement Welfare Benefits Trust for Nonrepresented Employees (the Nonrepresented Trust). Each of these trusts qualifies as a VEBA under Section 501(c)(9) of the Code. The exclusive purpose of these trusts is to fund future postretirement health and life benefits to eligible participants of the Plan.

#### Fair value measurements

The Plan follows a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

# Notes to Financial Statements (continued)

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

(In Thousands)

## 3. Investments (continued)

Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted market prices for identical or similar assets or liabilities in markets that are not active, and inputs that are observable for the assets or liability, either directly or indirectly, for substantially the full term of the financial statements.

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2021 and 2020. Assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. The Plan did not hold any Level 2 or Level 3 investments in 2021 or 2020.

	<b>As of December 31, 2021</b>							
	L	evel 1	Level 2	Level	3	$NAV^1$	T	otal
				(In Tho	usand	(s)		
Registered investment company	\$	2,341 5		- \$	- \$	_	\$	2,341
Group life insurance policies		_		_	_	571,942		571,942
Commingled funds		_		_	_	161,642		161,642
Total assets	\$	2,341 9	•	- \$	- \$	733,584	\$	735,925

Assets measured at NAV represents investments fair valued using NAV as a practical expedient. These investments are not leveled on the fair value hierarchy table. The commingled funds of \$161,642 includes \$91,027 of an equity index fund, \$15,933 of a U.S. debt index fund and \$54,682 of an EAFE equity index fund.

			As	of Decemb	<u>er 3</u>	1, 2020		
	L	evel 1	Level 2	Level 3		$\mathbf{N}\mathbf{A}\mathbf{V}^1$	T	otal
				(In Thou	sand	ls)		
Registered investment company	\$	13,683 \$	5 -	- \$	- \$	_	\$	13,683
Group life insurance policies		_	-	_	_	271,003		271,003
Commingled funds		_	-	_	_	145,121		145,121
Total assets	\$	13,683 \$	-	- \$	- \$	416,124	\$	429,807

Assets measured at NAV represents investments fair valued using NAV as a practical expedient. These investments are not leveled on the fair value hierarchy table. The commingled funds of \$145,121 includes \$81,332 of an equity index fund, \$35,856 of a U.S. debt index fund and \$27,933 of an EAFE equity index fund.

# Notes to Financial Statements (continued)

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

(In Thousands)

#### 4. Section 420 transfers

From time to time, pursuant to Section 420 of the Code, the Company transfers portions of the excess pension assets of the MPT held for the Lucent Technologies Inc. Pension Plan (the LTPP) to an account of the LTPP under the MPT established under section 401(h) of the Code and/or to an account of the LTPP under the MPT established under Section 420(a) of the Code (an applicable life insurance account) to pay for, respectively, retiree healthcare costs and retiree life insurance coverage for eligible retirees covered by the Company's agreement with the Unions regarding retiree healthcare benefits and life insurance coverage. These transfers constitute "collectively bargained transfers" within the meaning of Section 420(f) of the Code.

From time to time, pursuant to Section 420 of the Code, the Company also transfers portions of the excess pension assets of the MPT held for the Nokia Retirement Income Plan (the NRIP) to an account of the NRIP under the MPT established under Section 420(a) of the Code (an applicable life insurance account) to pay for retiree life insurance coverage for eligible non-represented retired employees eligible for such life insurance coverage under the terms of the Plan. These transfers constitute "qualified future transfers" within the meaning of Section 420(f) of the Code.

In accordance with Sections 401(h) and 420(a) of the Code, the Plan's investments in the 401(h) account may not be used for or diverted to any purpose other than providing health benefits for eligible participants as well as administration costs and the Plan's investments in the applicable life insurance account may not be used for or diverted to any purpose other than providing applicable life insurance coverage with respect to eligible participants as well as administration costs. The related obligations for health benefits and applicable life insurance benefits are not reported in the LTPP's or the NRIP's Statement of Accumulated Plan Benefits but are reported as obligations in the Plan.

The following tables present the net assets held in the LTPP for retiree healthcare obligations funded under Code section 401(h) as of December 31, 2021 and 2020 and the related changes in net assets for the year ended December 31, 2021.

	December 31			
		2021		2020
	'			
Net assets held in LTPP - restricted for 401(h) account	\$	126,049	\$	156,710

# Notes to Financial Statements (continued)

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

(In Thousands)

## 4. Section 420 transfers (continued)

Changes in net assets in the 401(h) account for the year ended December 31, 2021:

Transfer from LTPP	\$ 50,000
Interest income	143
Administrative expenses	(5,550)
Benefit payments	(75,254)
Net decrease in 401(h) account	\$ (30,661)

Detailed disclosures on the investments in the 401(h) account, which is held by the MPT, are presented in the LTPP financial statements as of December 31, 2021 and 2020 and for the year ended December 31, 2021.

The net assets held in the LTPP and NRIP for applicable life insurance benefits under Code section 420 as of December 31, 2021 and 2020 were \$0.

The following table presents the changes in net assets in the applicable life insurance account for the year ended December 31, 2021:

	LTPP	NRIP
Transfer from pension plan	\$ 39,997	\$ 319,095
Interest income	-	1
Prepaid premium payments to insurance carrier	(39,997)	(319,096)
Net change in applicable life insurance account	\$ -	\$ -

Detailed disclosures on the investments in the applicable life insurance account, which is held by the MPT, are presented in the LTPP and NRIP financial statements as of December 31, 2021 and 2020 and for the year ended December 31, 2021.

Notes to Financial Statements (continued)

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

(In Thousands)

#### 5. Tax status

The Plan was originally funded by means of a trust established effective as of October 1, 1996 known as the Lucent Technologies Inc. Postretirement Life Insurance Benefits Trust (Life Insurance Benefits Trust). The Life Insurance Benefits Trust obtained a recognition of exemption letter from the Internal Revenue Service (IRS) dated November 25, 1998. The Life Insurance Benefits Trust was amended and restated in 2002, and its tax-exempt status was confirmed by a private letter ruling issued by the IRS on October 10, 2002. Pursuant to the private letter ruling, a further trust was established – the Nonrepresented Trust, and certain life insurance assets associated with the Life Insurance Trust were transferred to the Nonrepresented Trust. The Life Insurance Trust was also renamed the Represented Trust. The Represented Trust and the Nonrepresented Trust were each further amended in 2004. The IRS confirmed the tax-exempt status of both the Represented Trust and the Nonrepresented Trust by a private letter ruling issued September 8, 2004. The Nonrepresented Trust also obtained a recognition of exemption letter from the IRS dated May 24, 2011.

The Plan, the Represented Trust and the Nonrepresented Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trusts. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trusts are tax exempt. Accordingly, no provision for income taxes has been made.

U.S. GAAP requires the Plan Administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# Notes to Financial Statements (continued)

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

(In Thousands)

## 6. Party-in-interest and related-party transactions

As described in Note 1, the Plan pays certain investment and administrative expenses of the Plan to various service providers that are deemed parties-in-interest under the provisions of ERISA. The payment of these expenses meets the requirements of one or more prohibited transaction exemptions under ERISA.

Nokia Investment Management Corporation (NIMCO), a wholly owned subsidiary of the Company, provides fiduciary services to the Plan. NIMCO charges the Plan only for the costs that are incurred for providing such services to the Plan. For the year ended December 31, 2021, the Plan incurred fiduciary service fees of \$100, which are included in administrative expenses on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. At December 31, 2021 and 2020, the Plan had a payable due to NIMCO of \$18 and \$14, respectively, which is included in accrued administrative expenses on the Statements of Benefit Obligations and Net Assets Available for Benefits.

Certain Plan investments are managed by affiliates of the trustee, Bank of New York Mellon. At December 31, 2021 and 2020, the Plan held \$2.3 million and \$13.7 million, respectively, of the Dreyfus Treasury and Agency Cash Management Fund, which is a fund that is managed by affiliates of the trustee.

#### 7. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2021 and 2020:

	2021	2020
Net assets available for benefits per the financial statements	\$ 880,417 \$	614,539
Less:		
Medical claims payable and claims incurred		
but not reported	(9,700)	(7,400)
Net assets held in LTPP – 401(h) account	(126,049)	(156,710)
Net assets available for benefits per Form 5500	\$ 744,668 \$	450,429

# Notes to Financial Statements (continued)

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

(In Thousands)

## 7. Reconciliation of financial statements to Form 5500 (continued)

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

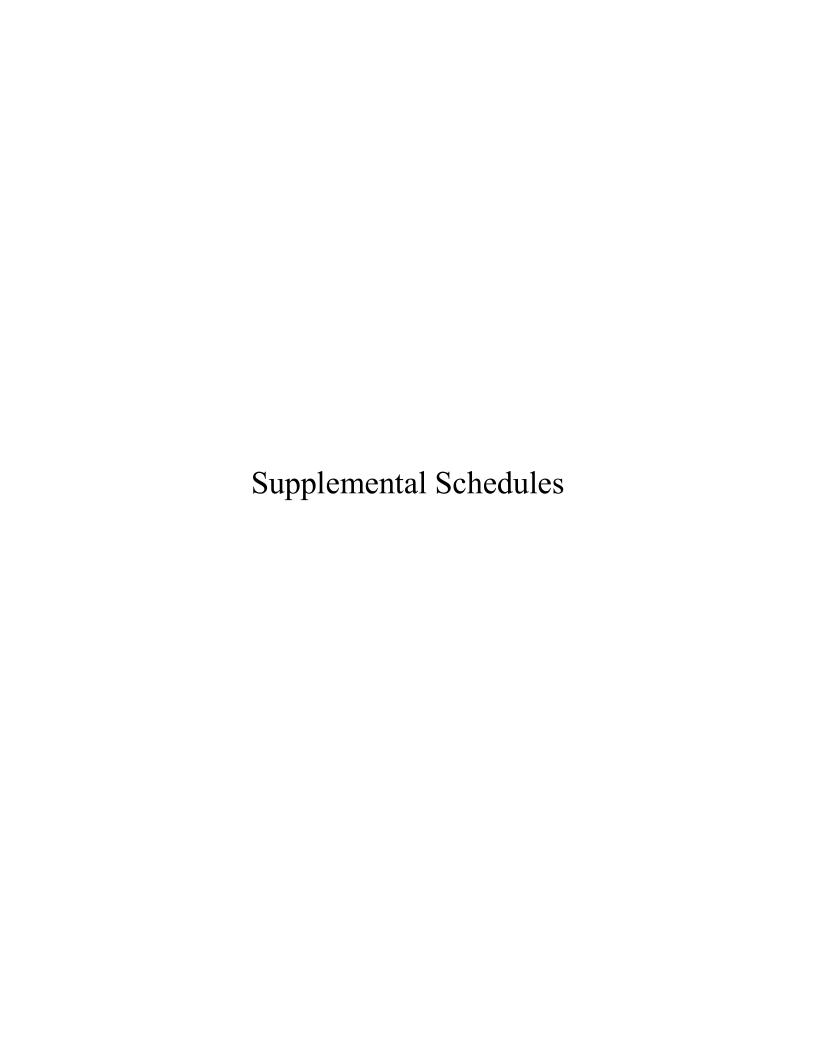
Net increase in net assets per the financial statements	\$ 265,878
Add:	
Medical claims payable and liability for claims incurred but not	
reported at December 31, 2020	7,400
Net decrease in 401(h) account	30,661
Less:	
Medical claims payable and liability for claims incurred but not	
reported at December 31, 2021	(9,700)
Total net income per Form 5500	\$ 294,239

Claims that have been processed and approved for payment at year-end but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The net assets and related activity of the 401(h) account and applicable life insurance account included in the financial statements are not included in the Form 5500 because the assets are held by the MPT.

#### 8. Subsequent events

Management has evaluated subsequent events through September 16, 2022, the date the financial statements were available to be issued. There were no material subsequent events that occurred between January 1, 2022 through September 16, 2022, that required disclosure in the financial statements.



## EIN #22-3408857 Plan #504

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

## As of December 31, 2021

**(b)** Identity of Issue, Borrower. (e) Lessor or (d) Current (c) **Description of Investment** Value (a) Similar Party Cost Commingled funds: BlackRock BlackRock Russell 3000 Index Fund B 83,393,198 \$ 91,026,906 BlackRock BlackRock U.S. Debt Index Fund B 13,641,973 15,932,835 Blackrock MSCI ACWI ex-U.S. IMI Index Fund B BlackRock 55,238,476 54,681,775 Registered investment company: Dreyfus Treasury Obligations Cash Management Fund Dreyfus 2,340,512 2,340,512 Group life insurance policies: MetLife Insurance Policy 95083-G 73,611,880 69,762,727 MetLife Insurance Policy 190374-G 465,870,651 502,179,859 \$735,924,614 694,096,690

<sup>\*</sup> Represents party-in-interest

# EIN #22-3408857 Plan #504

# Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

# For the Year Ended December 31, 2021

## Single transactions in excess of 5%

					(h)	
(a)		(c)	(d)	<b>(g)</b>	Current Value of	(i)
Identity of	(b)	Purchase	Selling	Cost of	Asset on	Net Gain
Party Involve	ed Description of Asset	Price	Price	Asset	<b>Transaction Date</b>	or (Loss)
Blackrock	Equity Index Fund B Lendable	\$ -	\$ 91,802,681	\$ 25,269,465	\$ 91,802,681	\$ 66,533,216
Blackrock	EAFE Equity Index Fund B	_	29,982,858	16,639,833	29,982,859	13,343,025
Blackrock	MSCI ACWI ex-U.S. IMI Index Fund B	53,985,858	_	_	53,985,858	_
Blackrock	Russell 3000 Index Fund B	89,254,751	_	_	89,254,751	_
MetLife	Equity Index Fund #150	136,023,587	_	_	136,023,587	_
MetLife	Fixed Income Index Fund #153	_	46,741,791	49,827,167	46,741,792	(3,085,376)
MetLife	International Equity Index Fund #273	123,935,100	_	_	123,935,100	_
MetLife	Fixed Income Fund #81	50,313,495	_	_	50,313,495	_
MetLife	Small Cap Fund #256	50,313,495	_	_	50,313,495	_
MetLife	General Account	40,000,000	_	_	40,000,000	_

# EIN #22-3408857 Plan #504

# Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions (continued)

# For the Year Ended December 31, 2021

#### Series of transactions in excess of 5%

Count	Shares	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
114	75,893,476	Dreyfus	Treasury Obligations Cash Management Fund	\$ 75,893,476 \$	_	\$ -	\$ 75,893,476	\$ -
74	87,236,189	Dreyfus	Treasury Obligations Cash Management Fund	-	87,236,189	87,236,189	87,236,189	_
6	597,979	Blackrock	Equity Index Fund B Lendable	_	93,553,781	25,799,532	93,553,781	67,754,249
4	469,962	Blackrock	U.S. Debt Index Fund B	_	23,960,570	19,842,435	23,960,570	4,118,135
4	312,632	Blackrock	EAFE Equity Index Fund B	_	30,388,559	16,874,653	30,388,559	13,513,906
8	2,688,743	Blackrock	MSCI ACWI ex-U.S. IMI Index Fund B	55,238,286	_	_	55,238,286	_
6	1,517,088	Blackrock	Russell 3000 Index Fund B	89,255,419	_	_	89,255,419	_
24	50,360,850	MetLife	General Account	50,360,850	_	_	50,360,850	_
23	55,985,966	MetLife	General Account	_	55,985,966	55,985,966	55,985,966	_
1	136,023,587	MetLife	Equity Index Fund #150	136,023,587	_	_	136,023,587	_
12	41,940,377	MetLife	Equity Index Fund #150	_	41,940,377	37,326,664	41,940,377	4,613,713
4	49,410,417	MetLife	Equity Index Fund #153	_	49,410,417	52,635,603	49,410,417	(3,225,186)
2	127,414,525	MetLife	Equity Index Fund #273	127,414,525	_	_	127,414,525	_
2	50,613,495	MetLife	Fixed Income Fund #81	50,613,495	_	_	50,613,495	_
3	51,803,671	MetLife	Small Cap Fund #256	51,803,671	_	_	51,803,671	_

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2021.

Plan Name	Nokia Retiree Welfare Benefits Plan
Plan Sponsor EIN	22-3408857
ERISA Plan No.	504
Plan Year End	12/31/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

Plan Name	Nokia Retiree Welfare Benefits Plan
Plan Sponsor EIN	22-3408857
ERISA Plan No.	504
Plan Year End	12/31/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)