Form 5500	•	t of Employee Benefit Plan		OMB Nos. 12	210-0110
Department of the Treasury	and 4065 of the Employee Retirement	employee benefit plans under sections 104 nt Income Security Act of 1974 (ERISA) and			
Internal Revenue Service	sections 6057(b) and 6058(a) of	the Internal Revenue Code (the Code).		2022	
Department of Labor Employee Benefits Security Administration		Complete all entries in accordance with the instructions to the Form 5500.			
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	Jilic
	entification Information				
For calendar plan year 2022 or fisca	al plan year beginning 01/01/2022	and ending 12/31/20	022		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking the participating employer information in accord			ns.)
	X a single-employer plan	a DFE (specify)			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12	2 months))	
C If the plan is a collectively-barga	ined plan, check here		. • X		
D Check box if filing under:	X Form 5558	automatic extension	the	e DFVC program	
	special extension (enter description))		1 0	
E If this is a retroactively adopted r	plan permitted by SECURE Act section 2	01, check here	. ▶ 🗍		
	nation—enter all requested information				
1a Name of plan NOKIA RETIREE WELFARE BEN	·		1b	Three-digit plan number (PN) ▶	504
			1c	Effective date of pla 10/01/1996	an
City or town, state or province,	apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code (i	if foreign, see instructions)	2b	Employer Identifica Number (EIN) 22-3408857	ition
NOKIA OF AMERICA CORPORAT	ION		2c	Plan Sponsor's tele number 908-723-9869	
600 MOUNTAIN AVENUE, ROOM MURRAY HILL, NJ 07974	6D-401A		2d	Business code (see instructions) 334200	Э

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

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

SIGN	Filed with authorized/valid electronic signature.	09/22/2023	INGRID ORAV
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN			
HERE		D /	
	Signature of DFE	Date	Enter name of individual signing as DFE
For Pap	erwork Reduction Act Notice, see the Instructions for Form 5	500.	Form 5500 (2022)

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	Form 5500 (2022) Page 2		
3a	Plan administrator's name and address X Same as Plan Sponsor	3b Adr	ninistrator's EIN
			ninistrator's telephone nber
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN	
a	Sponsor's name	4d PN	
С	Plan Name		
5	Total number of participants at the beginning of the plan year	5	66194
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	. 6a(1)	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	62122
С	Other retired or separated participants entitled to future benefits	. 6c	С
d	Subtotal. Add lines 6a(2) , 6b , and 6c	. 6d	62122
е	Deceased participants whose beneficiaries are receiving or are entitled to receive 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 (only defined contribution plans complete this item)	. 6g	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	. 6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	· 7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D

9a	Plan fu	in <u>ding</u>	arrangement (check all that apply)	9b Plan	bene <u>fit</u>	angement (check all	l that apply)
	(1)	X	Insurance	(1)	×	nsurance	
	(2)		Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)	(3) insurance contracts
	(3)	X	Trust	(3)	X	rust	
	(4)		General assets of the sponsor	(4)		General assets of the	e sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	Pensio	on Sc	hedules	b Gene	eral Scl	lules	
	(1)		R (Retirement Plan Information)	(1)	X	H (Financial Inf	formation)
	(2)	П	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		I (Financial Inf	formation – Small Plan)
	(2)		Purchase Plan Actuarial Information) - signed by the plan	(3)	×	7 A (Insurance Ir	nformation)
			actuary	(4)	X	C (Service Prov	vider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial	(5)	X	D (DFE/Particip	pating Plan Information)
	• •		Information) - signed by the plan actuary			G (Financial Tr	ansaction Schedules)

Page **3**

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)	

Receipt Confirmation Code_____

	EDULE		Insura	nce Informatio	n		OM	IB No. 1210-0110
(Fo	rm 5500)						
Departme Internal	ent of the Treas Revenue Servi	ury ce		ired to be filed under section 104 of the t Income Security Act of 1974 (ERISA).				2022
Depar Employee Benefi	rtment of Labor fits Security Adr		File as ar	attachment to Form 55	600.			
Pension Benef	fit Guaranty Co	rporation		to ERISA section 103(a)(2). This Form is Open to Public Inspection				
For calendar pl	lan year 202	22 or fiscal pla	an year beginning 01/01/2022		and en	ding 12/3	31/2022	
A Name of pla	an				B Three	e-digit		
NOKIA RETIR	REE WELFA	RE BENEFI	IS PLAN		plan	number (P	N) 🕨	504
C Plan sponse	or's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identific	cation Number	(EIN)
NOKIA OF AM	IERICA CO	RPORATION	l		22-3	3408857		
			A. Individual contracts grouped					
1 Coverage In			5 1					
(a) Name of in: KEYSTONE HE							Daliau an a	
(b) Ell	N	(c) NAIC	(d) Contract or	(e) Approximate n persons covered a			,	ontract year
(,		code	identification number	policy or contract		(f)	From	(g) To
23-2399845		95199	509964	172		01/01/202	2	12/31/2022
		mission inforn amount paid	nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
	(a) Total a	amount of con	nmissions paid		(b) To	tal amount	of fees paid	
3 Persons rec	eivina com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	<u>J</u>		and address of the agent, broke	•	• •	ons or fees	were paid	
				·			•	
(b) Amount	t of sales an	nd base	F	ees and other commissio	ns paid			-
comm	nissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Sched			edule A (Form 5500) 2022
			v. 220413

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total dotions (add lines 7b and 7c(6)). 7d 0 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 0 0 0 0 0 0 0 0 0		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as a	a unit. Where co	ontracts cove	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life in	surance
	еĪ	Те	mporary disability (accident and sickness)	f Long-term disabil	ity a	Supplemental u	nemplovment	h Presci	ription drug
	i		op loss (large deductible)	j X HMO contract		PPO contract	nompioymone		inity contract
	• L	_			n				
	m	Ot	her (specify) 🕨						
0	Eve	ariand	ce-rated contracts:						
9	•		iums: (1) Amount received		9a(1)			-	
	a		ncrease (decrease) in amount due but unpaid		9a(1)			-	
			ncrease (decrease) in unearned premium res		9a(3)			-	
		• •	Earned ((1) + (2) - (3))				9a(4)		0
	b	• •	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))		· · · ·		9b(3)		0
		• •	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (o	n 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)		I		
			(H) Total retention	_				1	0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	er retirement	9d(1)		
		(2) (Claim reserves				9d(2)		
		• •	Other reserves					_	
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2	2) .)	9e		
10) No		erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			<u>10a</u>		719019
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	Int 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 answer to line 11 is "Yes," specify the information not provided			

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service			Insuranc	e Information	n		0	MB No. 1210-0110
			This schedule is required Employee Retirement Inco					2022
	ment of Labor Security Administra	tion	File as an at	tachment to Form 55	00.			
Pension Benefit	Guaranty Corporatio	'n	 Insurance companies ar pursuant to EF 	e required to provide t RISA section 103(a)(2)		tion	This Fo	orm is Open to Public Inspection
For calendar pla	n year 2022 or f	fiscal plan	year beginning 01/01/2022		and er	nding 12/3	1/2022	
A Name of plan NOKIA RETIRE		BENEFITS	PLAN		B Thre plan	e-digit number (PN	N) 🕨	504
C Plan sponsor NOKIA OF AME			2a of Form 5500			oyer Identific 3408857	ation Numbe	r (EIN)
0	n a separate Sc	Conceri chedule A.	ning Insurance Contract	Coverage, Fees, a unit in Parts II and II	and Con I can be re	nmission ported on a	S Provide inf single Sched	ormation for each contract ule A.
1 Coverage Info	ormation:							
(a) Name of insi GHC PUGET SO								
	(c)) NAIC	(d) Contract or	(e) Approximate nu			Policy or contract year	
(b) EIN		code	identification number	persons covered a policy or contrac		(f)	From	(g) To
91-0511770	9567	72	8800	41		01/01/2022	2	12/31/2022
	e and commission rder of the amou		tion. Enter the total fees and total	l commissions paid. Li	ist in line 3	the agents,	brokers, and	other persons in
	(a) Total amour	nt of comm	nissions paid		(b) To	otal amount	of fees paid	
3 Persons rece	iving commissio	ons and fe	es. (Complete as many entries a	as needed to report all	persons).			
	(a) Name ai	nd address of the agent, broker, c	or other person to who	m commiss	ions or fees	were paid	
	of sales and bas	se 🗕		and other commission				_
commi	ssions paid		(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Name ai	nd address of the agent, broker, c	or other person to who	m commiss	ions or fees	were paid	

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total dotions (add lines 7b and 7c(6)). 7d 0 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 0 0 0 0 0 0 0 0 0		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of ing purposes if such co	ontracts are ex	perience-rated as a ur	nit. Where co	ontracts cover individual	
8	Ben	efit a	nd contract type (check all applicable boxes)						
	a	He	alth (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	еĪ	Те	mporary disability (accident and sickness)	f Long-term disal	bility a	 Supplemental uner	mplovment	h Prescription drug	
	; [op loss (large deductible)	j X HMO contract			npioymone	I Indemnity contract	
	' <u>'</u>	_			r I	FFO contract			
	m	Ot	ther (specify)						
•	_								
9			ce-rated contracts:		00(1)			-	
	a		iums: (1) Amount received					-	
		• •	ncrease (decrease) in amount due but unpaid					-	
		• •	ncrease (decrease) in unearned premium res Earned ((1) + (2) - (3))				9a(4)		0
	b		efit charges (1) Claims paid				3a(4)		
	D		ncrease (decrease) in claim reserves					-	
			ncurred claims (add (1) and (2)				. 9b(3)		0
			Claims charged						
	С	• •	nainder of premium: (1) Retention charges (o						
	•		(A) Commissions	,	9c(1)(A)			-	
			(B) Administrative service or other fees					-	
			(C) Other specific acquisition costs					-	
			(D) Other expenses		0 (4)(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	d in cash, or	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provid	de benefits afte	er retirement			
		(2) (Claim reserves				. 9d(2)		
		(3) (Other reserves				. 9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do no	ot include amount ente	red in line 9c(2	2) .)	. 9e		
10) No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			. 10a	208	3264
	b		e carrier, service, or other organization incurr ntion of the contract or policy, other than repo				. 10b		

Part IV	Provision of Information			
11 Did th	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If the	nswer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	A	Insuran	ce Informatio	n			
(Form 5500))					OMB No. 1210-0110	
Department of the Treas Internal Revenue Serv	sury	This schedule is require Employee Retirement Ir					2022
Department of Labo Employee Benefits Security Ad		File as an	attachment to Form 55	00.			
Pension Benefit Guaranty Co	orporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		tion		m is Open to Public Inspection
For calendar plan year 20	22 or fiscal plar	year beginning 01/01/2022		and er	nding 12/3	31/2022	
A Name of plan NOKIA RETIREE WELF	ARE BENEFITS	S PLAN			e-digit number (P	N) 🕨	504
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			oyer Identific 3408857	cation Number	(EIN)
		ning Insurance Contrac					
1 Coverage Information:							
(a) Name of insurance ca KAISER FOUNDATION H		DF S. CA				Delievere	ontroat your
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate no persons covered a policy or contract	it end of	(f)	From	ontract year (g) To
94-1340523	00000	122636	256		01/01/202	2	12/31/2022
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, and o	ther persons in
(a) Total	amount of comr	nissions 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	ions or fees	were paid	
(b) Amount of sales a	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
Fan Danamuranis Deduction Act Nation	1.1. A (Earne EE00) 0000		

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total dotions (add lines 7b and 7c(6)). 7d 0 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 0 0 0 0 0 0 0 0 0		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Information one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the	racts are exp	perience-rated as a uni	it. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	еĪ	□ □ Temporary disability (accident and sickness)	f Long-term disabili	tv a	Supplemental unem	ployment	h Prescription drug	
	: [∘ 9∟ k		ploymont		
	' 	Stop loss (large deductible)	j X HMO contract	r [PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	erience-rated contracts:						
•		Premiums: (1) Amount received		9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
		(3) Increase (decrease) in unearned premium res		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 (or	n 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	······	······ <u>-</u>		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	l in line 9c(2) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	817	763
	b	If the carrier, service, or other organization incurring retention of the contract or policy, other than report				10b		

Part	IV Provision of Information			
11 Di	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If i	he answer to line 11 is "Ves." specify the information not provided			

the information not provided. 1 City

SCHEDULE	Δ	Insuran	ce Informatio	n			
(Form 5500		insular				OM	B No. 1210-0110
Department of the Treas Internal Revenue Serv	sury	This schedule is required Employee Retirement In					2022
Department of Labo Employee Benefits Security Ad		File as an a	attachment to Form 55	00.			
Pension Benefit Guaranty Co	prporation	Insurance companies a pursuant to E	are required to provide t ERISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 20	22 or fiscal pla	an year beginning 01/01/2022		and en	iding 12/3	31/2022	1
A Name of plan NOKIA RETIREE WELF/	ARE BENEFIT	"S PLAN			e-digit number (P	N) 🕨	504
C Plan sponsor's name a					•	cation Number (EIN)
NOKIA OF AMERICA CO	ORPORATION			22-	3408857		
Part I Information on a separation	tion Conce	rning Insurance Contract A. Individual contracts grouped a	t Coverage, Fees, s a unit in Parts II and I	and Con	nmission ported on a	S Provide infor single Schedule	mation for each contract e A.
1 Coverage Information:							
(a) Name of insurance ca KAISER FOUNDATION H		OF CO					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year
	code	identification number	policy or contract		(f)	From	(g) To
84-0591617	95669	07368	206 0		01/01/202	2	12/31/2022
2 Insurance fee and com descending order of the		nation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
(a) Total a	amount of con	nmissions paid		(b) To	otal amount	of fees paid	
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all	persons).			
	(a) Name	and address of the agent, broker,	, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base	Fee	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(3) 7d (5) Other (specify below) 7c(6) 7d 0 (6)Total additions (ad lines 7b and 7c(6)) 7d 7d (7d) 7d 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7e(1) 7e(2) 7e(b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the ng purposes if such contr	racts are exp	perience-rated as a uni	it. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	еĪ	☐ Temporary disability (accident and sickness)	f Long-term disabilit	v a	Supplemental unem	ployment	h Prescription drug	
	: [j X HMO contract	י, פַּרַ ג		ploymont		
	' [Stop loss (large deductible)		r [PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	perience-rated contracts:						
-		Premiums: (1) Amount received		9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			1	
		(3) Increase (decrease) in unearned premium res		9a(3)			1	
		(4) Earned ((1) + (2) - (3))				. 9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)			7	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (or	n 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	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	l in line 9c(2	:) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	537	7707
	b	If the carrier, service, or other organization incurrent retention of the contract or policy, other than report				10b		

Pa	art IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	
12	If the answer to line 11 is "Yes" specify the information not provided			

the information not provided. спу

SCHEDULE	•	lu e u re u					
(Form 5500		insuran	Insurance Information		ОМ	B No. 1210-0110	
Department of the Treas Internal Revenue Serv	sury		red to be filed under section 104 of the Income Security Act of 1974 (ERISA).			2022	
Department of Labor Employee Benefits Security Administration			attachment to Form 55	00.			
Pension Benefit Guaranty Co	orporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		tion		m is Open to Public Inspection
For calendar plan year 20	22 or fiscal pla	an year beginning 01/01/2022		and er	nding 12/3	31/2022	
A Name of plan NOKIA RETIREE WELF	ARE BENEFIT	"S PLAN			e-digit number (P	N) 🕨	504
C Plan sponsor's name a NOKIA OF AMERICA CC					oyer Identific 3408857	cation Number (EIN)
		rning Insurance Contrac A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca KAISER FOUNDATION H		NORTHWEST	(e) Approximate n	umbor of		Policy or cr	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	it end of	(f)	From	(g) To
93-0798039	95540	8384	35		01/01/202	2	12/31/2022
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
(a) Total	amount of con	nmissions paid		(b) To	otal amount	of fees paid	
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all	persons).			
e e e e e e e e e e e e e e e e		and address of the agent, broker	•	• • •	ions or fees	were paid	
(b) Amount of sales a	nd base	Fe	es and other commissio	ns paid			-
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

Fees and other commissions paid

(d) Purpose

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

(c) Amount

(b) Amount of sales and base commissions paid

(e) Organization code

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Dividends and credits. 7c(3) 7c(4) (3) Interest credited during the year. 7c(4) 7c(5) (4) Transferred from separate account. 7c(6) 0 (5) Other (specify below) 7c(6) 7d 0 (6)Total additions. 7b and 7c(6) 7d 0 (7c(2)) 7d 7d 0 0 (6) Total of balance and additions (add lines 7b and 7c(6)). 7d 7d 0 (b) Total additions (c) Transferred to separate account. 7e(4) 7e(3) 7e(2) 7e(3) 7e(4)		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as	a unit. Where co	ontracts cov	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	_	ealth (other than dental or vision)	b Dental	С	Vision		d Life i	insurance
	e	_ 	mporary disability (accident and sickness)	f Long-term disabil	itv a	Supplemental	unemployment		cription drug
	; [op loss (large deductible)	j X HMO contract		PPO contract	anompioymone		mnity contract
	• L	_			n				
	m	Ot	ther (specify)						
0	-		an and all a surface of a						
9	•		ce-rated contracts:		00(1)			-	
	a		iums: (1) Amount received ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			-	
			ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res		9a(2)			-	
		• •	Earned ((1) + (2) - (3))						0
	b	• •	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))						0
		• •	Claims charged						
	С	• •	nainder 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		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	_		-		<u> </u>	0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or	credited.)			
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	er retirement	9d(1)		
		(2) (Claim reserves				9d(2)		_
		• •	Other reserves						
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2	2) .)	9e		
10	_		erience-rated contracts:						
	а		al premiums or subscription charges paid to c						152226
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	t 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 answer to line 11 is "Yes." specify the information not provided			

SCHEDULE	Α	Insuran	ce Informatio	n			
	(Form 5500)			••		OM	B No. 1210-0110
Department of the Treas Internal Revenue Serv	sury		ired to be filed under section 104 of the the transferred to be filed under security Act of 1974 (ERISA).			2022	
Department of Labo Employee Benefits Security Ad	Department of Labor Employee Benefits Security Administration			00.			
Pension Benefit Guaranty Co	orporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022				and en	ding 12/3	31/2022	
A Name of plan NOKIA RETIREE WELF/	ARE BENEFITS	S PLAN			e-digit number (P	N) 🕨	504
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			oyer Identific 3408857	cation Number	(EIN)
Part I Informat on a separ	tion Concer ate Schedule A	ning Insurance Contrac	t Coverage, Fees, as a unit in Parts II and I	and Con	mission	S Provide infor single Schedul	mation for each contract e A.
1 Coverage Information:		0 1				0	
KAISER FOUNDATION HI	Γ	-	(e) Approximate n	umber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	at end of	(f)	From	(g) To
52-0954463	95639	2204	42		01/01/202	2	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of com	missions paid	(b) Total amount of fees paid			_	
•							
3 Persons receiving com		ees. (Complete as many entries	•	. ,			
	(a) Name a	ind address of the agent, broker	, or other person to who	m commiss	ions or tees	s were paid	
(b) Amount of sales a	nd hase	Fe	es and other commissio	ns pa <mark>id</mark>			
commissions pa		(c) Amount		(d) Purpos	Э		(e) Organization code

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
E D		0-1	L.L. A (E EE00) 0000

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

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

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

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

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	Fees and other commissions paid		
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Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total dotions (add lines 7b and 7c(6)). 7d 0 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 0 0 0 0 0 0 0 0 0		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here \		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	111	Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of t ting purposes if such co	ntracts are ex	perience-rated a	s a unit. Where co	ontracts cover individual	
8	Ben	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	еĪ	- Te	mporary disability (accident and sickness)	f	oility a	Supplemental	lunemplovment	h Prescription drug	
	i	-	op loss (large deductible)	j X HMO contract	k s	=		I Indemnity contract	
	• L	_			ĸ				
	m	Ot	ther (specify)						
0	-	niona	a rated contractor						
9			ce-rated contracts:		92(1)			-	
	a		iums: (1) Amount received ncrease (decrease) in amount due but unpaid					-	
		• •	ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res					-	
		• •	Earned ((1) + (2) - (3))						0
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))						0
		• •	Claims charged						
	С	• •	nainder of premium: (1) Retention charges (o						
			(A) Commissions		. 9c(1)(A)			_	
		((B) Administrative service or other fees						
			(C) Other specific acquisition costs		a (1)(a)				
		((D) Other expenses		9c(1)(D)				
		((E) Taxes						
		((F) Charges for risks or other contingencies						
		((G) Other retention charges		9c(1)(G)		1		
		((H) Total retention	······	······		9c(1)(H)		0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid	in cash, or	credited.)			
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provid	le benefits afte	er retirement	9d(1)		
		(2) (Claim reserves						
		(3) (Other reserves				9d(3)		
	е	Divio	dends or retroactive rate refunds due. (Do no	ot include amount enter	ed in line 9c(2	2) .)	9e		
10) No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			10a	14	1892
	b		e carrier, service, or other organization incurr ntion of the contract or policy, other than repo						
			in a second	uo	,por. un				

Pa	art 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 answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	•	Incurren					
		Insuran	ce Informatio	n		OM	IB No. 1210-0110
(Form 5500 Department of the Treas Internal Revenue Serv	sury	This schedule is require Employee Retirement Ir					2022
Department of Labo Employee Benefits Security Ad			attachment to Form 55	. ,	-		
Pension Benefit Guaranty Co		 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2		ion		m is Open to Public Inspection
For calendar plan year 20	22 or fiscal pla	in year beginning 01/01/2022		and en	ding 12/3	31/2022	
A Name of plan NOKIA RETIREE WELF,	ARE BENEFIT	S PLAN		B Three plan	e-digit number (P	N) 🕨	504
				_			
C Plan sponsor's name a NOKIA OF AMERICA CO		ne 2a of Form 5500			yer Identific 3408857	cation Number	(EIN)
		rning Insurance Contrac A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca KAISER FOUNDATION H		OF GA (d) Contract or	(e) Approximate n			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
58-1592076	96237	2081	23 01/01		01/01/202	2	12/31/2022
2 Insurance fee and com descending order of the		nation. Enter the total fees and tot	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total	amount of com	missions paid	(b) Total amount of fees paid				
3 Persons receiving com		fees. (Complete as many entries			one or for-	wore paid	
	(a) Name	and address of the agent, broker	, or other person to Who	m commissi	UNS OF TEES	were paid	
(b) Amount of sales a	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) * f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(3) 7d (5) Other (specify below) 7c(6) 7d 0 (6)Total additions (ad lines 7b and 7c(6)) 7d 7d (7d) 7d 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7e(1) 7e(2) 7e(b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2)group deferred annuity(3)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Information one contract covers the same of the information may be combined for report employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are exp	perience-rated as a uni	t. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	еĪ	□ □ Temporary disability (accident and sickness)	f Long-term disabilit	tv a	Supplemental unem	plovment	h Prescription drug	
	: [·, 9_ k		ploymon		
	' [Stop loss (large deductible)	j X HMO contract	r [PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	erience-rated contracts:						
•		Premiums: (1) Amount received		9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
		(3) Increase (decrease) in unearned premium res		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)			7	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (or	n 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	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	l in line 9c(2) .)	9e		
10) No	onexperience-rated contracts:				·		
	а	Total premiums or subscription charges paid to c	arrier			10a	141	1613
	b	If the carrier, service, or other organization incurring retention of the contract or policy, other than report				10b		

Part	IV Provision of Information			
11 Di	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If i	he answer to line 11 is "Ves." specify the information not provided			

the information not provided. 1 City

	[
SCHEDULE A Insurar			nce Information			OM	B No. 1210-0110
(Form 5500	,						
Department of the Treas Internal Revenue Serv			ed to be filed under section ncome Security Act of 19				2022
Department of Labo Employee Benefits Security Ad		File as an	attachment to Form 55	600.			
Pension Benefit Guaranty Co	prporation		are required to provide t ERISA section 103(a)(2)		on		n is Open to Public Inspection
For calendar plan year 20	22 or fiscal pl	an year beginning 01/01/2022		and en	ding 12/3	31/2022	
A Name of plan				B Three	e-digit		
NOKIA RETIREE WELF	ARE BENEFI	IS PLAN		plan	number (P	N)	504
C Plan sponsor's name a	as shown on li	ne 2a of Form 5500		D Employ	yer Identific	ation Number (EIN)
NOKIA OF AMERICA CO	ORPORATION	1		22-3	3408857		
Part I Informat	tion Conce ate Schedule	A. Individual contracts grouped	ct Coverage, Fees, as a unit in Parts II and I	and Com	mission	S Provide infor single Schedule	mation for each contract
1 Coverage Information:		<u> </u>		<u> </u>		g	
(a) Name of insurance ca KAISER FOUNDATION HI		OF HI				Policy or co	antenet 100x
(b) EIN	(c) NAIC	(d) Contract or	 (e) Approximate no persons covered a 		(0)	,	, ,
	code	identification number	policy or contrac	t year	(1)	From	(g) To
94-1340523	60053	639	7 01/01/		01/01/202	2	12/31/2022
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and of	her persons in
(a) Total :	amount of cor	nmissions paid		(b) To	tal amount	of fees paid	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name	and address of the agent, broke	r, or other person to who	m commissi	ons or fees	were paid	
(b) Amount of sales a	nd base	Fe	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code

(b) Amount of sales and base	F			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
Ear Demonstrale Deduction Act Nation and the Instructions for Ferry FEOD				

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

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

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

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

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

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			L	

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other (specify) 6 f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 0 c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > b Balance at the end of the previous year. 7c(1) 7b				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) * f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(3) 7d (5) Other (specify below) 7c(6) 7d 0 (6)Total additions (ad lines 7b and 7c(6)) 7d 7d (7d) 7d 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7e(1) 7e(2) 7e(b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the	racts are exp	perience-rated as a uni	it. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	еĪ	☐ Temporary disability (accident and sickness)	f Long-term disabili	v a	Supplemental unem	ployment	h Prescription drug	
	: [j X HMO contract	י, פַּרַ ג		ploymont		
	' [Stop loss (large deductible)		r [PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	perience-rated contracts:						
-		Premiums: (1) Amount received		9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			1	
		(3) Increase (decrease) in unearned premium res		9a(3)			1	
		(4) Earned ((1) + (2) - (3))				. 9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)			7	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (or	n 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	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	l in line 9c(2	:) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	43	3570
	b	If the carrier, service, or other organization incurring retention of the contract or policy, other than report				10b		

P	art 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 answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE A		Insurance Information						
(Form 5500)						OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2022			
Department of Labor Employee Benefits Security Administration		File as an attachment to Form 5500.						
Pension Benefit Guaranty Corporation		 Insurance companies are required to provide the pursuant to ERISA section 103(a)(2) 					This Form is Open to Public Inspection	
For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and en	ding 12/3	31/2022	-	
A Name of plan NOKIA RETIREE WELFARE BENEFITS PLAN					e-digit number (P	digit umber (PN) 504		
C Plan sponsor's name a NOKIA OF AMERICA CC		D Employer Identification Number (EIN) 22-3408857						
	I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:		0 1				<u> </u>		
(a) Name of insurance ca KAISER FOUNDATION H			(e) Approximate ni	umber of		Policy or co	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	it end of	(f)	From	(g) To	
94-1340523	00000	35147	329	01/01/20		2	12/31/2022	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. L	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 Demonstration of the second								
Persons receiving com		ees. (Complete as many entries and address of the agent, broker,	· · · · ·	. ,	ions or fees	were naid		
				11 001111133				
(b) Amount of sales and base		Fees and other commission						
commissions pa		(c) Amount	(d) Purpose		e		(e) Organization code	

(b) Amount of sales and base	F		
commissions paid	(c) Amount (d) Purpose		(e) Organization code
For Denemyerk Deduction Act Natio	dula A (Farm FEOO) 2022		

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

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

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

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

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			L

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

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Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total deductions (2d lines 7b and 7c(6)). 7d 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 (7e(1) 7e(2) 7e(3) 0 7e(2) 0 7e(2) <th></th> <td>b I</td> <td>Premiums paid to carrier</td> <td></td> <td>6b</td> <td></td>		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

Ρ	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the ing purposes if such contr	racts are exp	perience-rated as a uni	t. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness)	f Long-term disabilit	v aľ	Supplemental unem	plovment	h Prescription drug	
	; [Stop loss (large deductible)	j X HMO contract	י, ש <u>ו</u> ג		pioymoni	I Indemnity contract	
				ĸ				
	m	Other (specify)						
0	Eve	perience-rated contracts:						
9		Premiums: (1) Amount received		9a(1)			-	
	a	(2) Increase (decrease) in amount due but unpaid		9a(1) 9a(2)			-	
		(3) Increase (decrease) in anount due but dispat		9a(3)			-	
		(4) Earned ((1) + (2) - (3))		/		9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)		•••(1)		
		(2) Increase (decrease) in claim reserves		9b(2)			1	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)			`		
		(A) Commissions	, 	9c(1)(A)			1	
		(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)		1		
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	1432	2833
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				10b		

Part	IV Provision of Information			
11 Di	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If i	he answer to line 11 is "Ves." specify the information not provided			

the information not provided. 1 City

SC	HEDULE	A	Insuranc	e Information	n			
(Form 5500)						0	MB No. 1210-0110	
Inte	rtment of the Treasu rnal Revenue Service		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2022	
	epartment of Labor enefits Security Admi	inistration	File as an attachment to Form 5500.					
Pension B	enefit Guaranty Corp	poration	 Insurance companies ar pursuant to El 	re required to provide t RISA section 103(a)(2)		ion	This Fo	rm is Open to Public Inspection
For calenda	r plan year 202	2 or fiscal plar	n year beginning 01/01/2022		and en	ding 12/3	1/2022	
A Name of NOKIA RE	plan TIREE WELFAF	RE BENEFITS	S PLAN		B Three plan	e-digit number (PN	1) 🕨	504
	nsor's name as AMERICA COF		e 2a of Form 5500			yer Identifica 3408857	ation Number	(EIN)
Part I	on a separat	on Concer te Schedule A	ning Insurance Contract Individual contracts grouped as	Coverage, Fees, a unit in Parts II and II	and Corr Il can be rep	orted on a s	S Provide info single Schedu	ormation for each contract lle A.
	e Information: f insurance carr	rier						
HORIZON B	CBS OF NJ							
		(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or o	contract year
(b)	EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
22-2651245		95529	67-77087	100		01/01/2022	2	12/31/2022
	e fee and comm ng order of the a		ation. Enter the total fees and tota	l commissions paid. L	ist in line 3	the agents, I	prokers, and o	other persons in
	(a) Total ar	mount of comr	nissions paid	(b) Total amount of fees paid				
3 Persons	receiving comm		ees. (Complete as many entries a					
		(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid	
		1			ns naid			1
	unt of sales and			s and other commission				-
	unt of sales and mmissions paid		Fees (c) Amount		(d) Purpose	9		(e) Organization code
						e		(e) Organization code
					(d) Purpose		were paid	(e) Organization code

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

 (c) Amount
 (d) Purpose
 (e) Organization code

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total deductions (2d lines 7b and 7c(6)). 7d 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 (7e(1) 7e(2) 7e(3) 0 7e(2) 0 7e(2) <th></th> <td>b I</td> <td>Premiums paid to carrier</td> <td></td> <td>6b</td> <td></td>		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as	a unit. Where co	ontracts cover ind	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	_	ealth (other than dental or vision)	b Dental	с	Vision		d Life insura	ance
	e	_ 	mporary disability (accident and sickness)	f Long-term disabil	itv a	Supplemental	unemployment		on drug
	; [op loss (large deductible)	j X HMO contract		PPO contract	anompioymone		•
	• <u> </u>	_			n				Contract
	m	Ot	ther (specify)						
0	-		an and all a surface of a						
9	•		ce-rated contracts:		00(1)			-	
	a		iums: (1) Amount received ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			-	
			ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res		9a(3)			-	
		• •	Earned ((1) + (2) - (3))						0
	b	• •	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))						0
		• •	Claims charged						
	С	• •	nainder 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		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	_		-)	0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or	credited.)	······ 9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits aft	er retirement	9d(1)		
		(2) (Claim reserves				9d(2)		
		• •	Other reserves						
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2) .)	9e		
10	_	•	erience-rated contracts:					_	
	а		al premiums or subscription charges paid to c				-		575859
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	t 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 answer to line 11 is "Yes." specify the information not provided			

SC	HEDULE	Α	Insuranc	ce Informatio	n			
(Form 5500)					••		0	MB No. 1210-0110
Depa	rtment of the Treas rnal Revenue Serv	sury	This schedule is required Employee Retirement Inc					2022
	epartment of Labo enefits Security Ad		File as an a	ttachment to Form 55	00.			
Pension B	enefit Guaranty Co	prporation	 Insurance companies a pursuant to E 	re required to provide t RISA section 103(a)(2)		ion	This Fo	orm is Open to Public Inspection
For calenda	r plan year 20	22 or fiscal pla	an year beginning 01/01/2022		and er	iding 12/3	1/2022	-
A Name of NOKIA RE	•	ARE BENEFIT	"S PLAN		B Thre plan	e-digit number (PN	l) 🕨	504
•		is shown on lii DRPORATION	ne 2a of Form 5500			oyer Identifica 3408857	ation Number	r (EIN)
Part I	Informat on a separ	tion Conce	rning Insurance Contract A. Individual contracts grouped as	Coverage, Fees, a unit in Parts II and II	and Con	ported on a s	S Provide info single Schedu	ormation for each contract ule A.
1 Coverage	e Information:							
(a) Name o UHC OF CA	f insurance ca LIFORNIA	rrier						
		(c) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy or contract year	
(b)	EIN	code	identification number	persons covered at end of policy or contract year		(f)	From	(g) To
95-2931460		00000	142111	115 01/01/2		01/01/2022	2	12/31/2022
		mission inform amount paid.	nation. Enter the total fees and tota	Il commissions paid. L	ist in line 3	the agents, I	brokers, and	other persons in
	(a) Total a	amount of com	nmissions paid	(b) Total amount of fees paid				
3 Persons	receiving com		fees. (Complete as many entries a					
		(a) Name	and address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid	
(b) Amo	unt of sales ar	nd base	Fee	s and other commissio	ns paid			
commissions paid			(c) Amount		(d) Purpos	е		(e) Organization code
		(a) Nome	and address of the agent, broker,	or other person to whe	moommice	ions or face	woro poid	1
			and address of the agent, broker, (III COITIITIISS		were paiu	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(3) (3) Interest credited during the year. 7c(4) 7d 0 (6) Total additions. 7b and 7c(6)). 7d 7d (6) Total additions (add lines 7b and 7c(6)). 7d 7d 7d (4) Transferred to separate account. 7e(1) 7e(2) 7e(3) 7d 7d (6) Total additions (add lines 7b and 7c(6)). 7d 7d 7d 7d 7d 7d 7d 7d 7e(1) 7e(2) 7e(3) 7e(3) 7e(4) <		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as	s a unit. Where co	ontracts cover inc	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	_	ealth (other than dental or vision)	b Dental	С	Vision		d Life insura	ance
	e	_ 	mporary disability (accident and sickness)	f Long-term disabil	ity a	Supplemental	unemployment	h Prescription	on drug
	: [op loss (large deductible)	j X HMO contract		PPO contract			•
	• L	_			n				CONTRACT
	m	Ot	ther (specify)						
0			an and all a surface of a						
9	•		ce-rated contracts:		00(1)			-	
	a		iums: (1) Amount received ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			-	
			ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res		9a(2)			-	
		• •	Earned ((1) + (2) - (3))						0
	b	• •	efit charges (1) Claims paid		9b(1)				
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))						0
		• •	Claims charged						
	С	• •	nainder 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		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)		1		
			(H) Total retention	_		-)	0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or	credited.)			
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	er retirement			
		(2) (Claim reserves						
		• •	Other reserves						
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2	2) .)			
10) No	•	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	carrier			10a		520388
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	t 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 answer to line 11 is "Yes." specify the information not provided			

SCHEDULE	•	Incuren					
(Form 5500		insuran	ce Informatio	n		OM	IB No. 1210-0110
Department of the Treas Internal Revenue Serv	sury	This schedule is require Employee Retirement Ir					2022
Department of Labo Employee Benefits Security Ad		File as an a	attachment to Form 55	00.			
Pension Benefit Guaranty Co	prporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and en	ding 12/3	31/2022	-
A Name of plan NOKIA RETIREE WELF	ARE BENEFIT	S PLAN		B Three plan	e-digit number (Pl	N) 🕨	504
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			yer Identific 3408857	cation Number	(EIN)
		rning Insurance Contrac A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca PARTNERS NATL HEALT		NC INC.	(e) Approximate n			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
56-0894904	54631	11453	381		01/01/202	2	12/31/2022
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, and o	ther persons in
(a) Total	amount of com	missions paid		(b) To	tal amount	of fees paid	
3 Persons receiving com		ees. (Complete as many entries and address of the agent, broker			ons or fees	were paid	
			,				
(b) Amount of sales a	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code

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

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
E	e and the breather there for Ear		L.L. A (E EE00) 0000

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other (specify) 6 f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 0 c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > b Balance at the end of the previous year. 7c(1) 7b				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(3) 7d (5) Other (specify below) 7c(6) 7d 0 (6)Total additions (ad lines 7b and 7c(6)) 7d 7d (7d) 7d 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7e(1) 7e(2) 7e(b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here \		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the	racts are exp	perience-rated as a uni	it. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	еĪ	☐ Temporary disability (accident and sickness)	f Long-term disabili	v a	Supplemental unem	ployment	h Prescription drug	
	; [Stop loss (large deductible)	j X HMO contract	, ש ג		ploymon	I Indemnity contract	
				r [FFO contract			
	m	Other (specify)						
9	Expe	perience-rated contracts:						
		Premiums: (1) Amount received		9a(1)			1	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			7	
		(3) Increase (decrease) in unearned premium res		9a(3)			1	
		(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 (or	n 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		······ <u>-</u>		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	l in line 9c(2	:) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	246	6478
	b	If the carrier, service, or other organization incurring retention of the contract or policy, other than report				10b		

Part	IV Provision of Information			
11 Di	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If i	he answer to line 11 is "Ves." specify the information not provided			

the information not provided. 1 CITY

(Form 5500 Department of the Trea Internal Revenue Ser Department of Labo Employee Benefits Security A Pension Benefit Guaranty C For calendar plan year 20 A Name of plan NOKIA RETIREE WELF C Plan sponsor's name NOKIA OF AMERICA CO	asury vice or dministration corporation 022 or fiscal plan 022 or fiscal plan	 Insurance companies ar pursuant to Ef n year beginning 01/01/2022 S PLAN e 2a of Form 5500 	ome Security Act of 19 tachment to Form 55 re required to provide t RISA section 103(a)(2)	074 (ERISA) 00. he informati and end B Three plan D Employ 22-3 and Com	on ding <u>12/31/</u> e-digit number (PN) yer Identificat 3408857	2022	ormation for each contract	
Employee Benefits Security Ar Pension Benefit Guaranty C For calendar plan year 20 A Name of plan NOKIA RETIREE WELF C Plan sponsor's name	dministration corporation D22 or fiscal plan CARE BENEFITS as shown on line ORPORATION tion Concer	 File as an at Insurance companies ar pursuant to Ef n year beginning 01/01/2022 S PLAN e 2a of Form 5500 	tachment to Form 55 re required to provide t RISA section 103(a)(2)	00. he informati and end B Three plan D Employ 22-3 and Com	on ding 12/31/ e-digit number (PN) yer Identificat 3408857	2022	r (EIN)	
Pension Benefit Guaranty C For calendar plan year 20 A Name of plan NOKIA RETIREE WELF C Plan sponsor's name	CORPORATION CARE BENEFITS as shown on line ORPORATION	pursuant to EF n year beginning 01/01/2022 S PLAN e 2a of Form 5500	RISA section 103(a)(2)	B Three plan D Employ 22-3 and Com	ding 12/31/ e-digit number (PN) yer Identificat 3408857	2022	Inspection 504 r (EIN) ormation for each contract	
A Name of plan NOKIA RETIREE WELF C Plan sponsor's name	ARE BENEFITS as shown on line ORPORATION	S PLAN e 2a of Form 5500	Coverage, Fees,	B Three plan D Employ 22-3 and Com	yer Identificat	ion Number	r (EIN) ormation for each contract	
NOKIA RETIREE WELF	as shown on line ORPORATION	e 2a of Form 5500	Coverage, Fees,	D Employ 22-3	yer Identificat	Provide info	r (EIN) ormation for each contract	
·	ORPORATION		Coverage, Fees,	and Com	3408857	Provide info	ormation for each contract	
	tion Concer	ning Insurance Contract	Coverage, Fees,	and Com	missions	Provide info	ormation for each contract	
Part I Informa on a separation 1 Coverage Information:		. Individual contracts grouped as	a unit in Parts II and II	I can be rep	orted on a sir	igle Sched	ule A.	
(a) Name of insurance ca HUMANA HEALTH PLAN	IS, INC.	(1) 2 ()	(e) Approximate nu	umber of		Policy or	contract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year		(f) F	From (g) To		
61-1279717	95158	311354, 311347	79 01/01/2		01/01/2022		12/31/2022	
2 Insurance fee and con descending order of the		ation. Enter the total fees and total	l commissions paid. L	ist in line 3 t	he agents, br	okers, and	other persons in	
9	amount of comr	missions paid		(b) To	tal amount of	fees paid		
2 Damaana maasii in maasi								
Persons receiving con		ees. (Complete as many entries a and address of the agent, broker, c			ons or fees w	ere naid		
		x <i>i i</i>				·		
(b) Amount of sales a	and base	Fees	s and other commissio	ns paid			_	
commissions pa	aid	(c) Amount		(d) Purpose	•		(e) Organization code	
	(a) Nome a	and address of the agent, broker, c	or other person to whe	moommissi	one or food w	oro poid		

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

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

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

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

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

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			L		

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) indiversity of the respecify indiversity in the second s		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2)group deferred annuity(3)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
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(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
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(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
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(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

P	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are exp	perience-rated as a uni	t. Where co	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	еĪ	☐ ☐ Temporary disability (accident and sickness)	f Long-term disabilit	tv a	Supplemental unem	plovment	h Prescription drug	
	: [-y ∋_ k		ploymon		
	' [Stop loss (large deductible)	j X HMO contract	r	PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	perience-rated contracts:						
•		Premiums: (1) Amount received		9a(1)			-	
		(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)		0
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)			7	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (or	n 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)		1		
		(H) Total retention		······ <u>-</u>		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	l in line 9c(2) .)	9e		
10) No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to ca	arrier			10a	149	9119
	b	If the carrier, service, or other organization incurrent retention of the contract or policy, other than report				10b		

Part	IV Provision of Information			
11 Di	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If i	he answer to line 11 is "Ves." specify the information not provided			

the information not provided. 1 CITY

SCHEDULE	Α	Insura	nce In	formatio	n				
(Form 5500								OME	3 No. 1210-0110
Department of the Treas Internal Revenue Serv	sury	This schedule is requir Employee Retirement							2022
Department of Labo Employee Benefits Security Ad				ent to Form 55					
Pension Benefit Guaranty Co	orporation	Insurance companies pursuant to		red to provide t ection 103(a)(2)		tion	This F		n is Open to Public
For calendar plan year 20	22 or fiscal plai				,. and er	ndina 12/3	31/2022		inspection
A Name of plan		r your boginning of to the theorem			_	e-digit	J1/2022		
NOKIA RETIREE WELF	ARE BENEFITS	3 PLAN				number (Pl	N) 🕨		504
C Plan sponsor's name a		e 2a of Form 5500			-	-	ation Numb	er (l	EIN)
NOKIA OF AMERICA CO	ORPORATION				22-	3408857			
		ning Insurance Contra A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca METROPOLITAN LIFE IN		MPANY							
(c) NAIC (d) Contract or (e) Approximate number of Policy or contract				ntract year					
(b) EIN (c) WAR		Identification number		persons covered at end of policy or contract year		(f) From			(g) To
13-5581829	65978	95083-G		61299 01		01/01/202	2		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	total comm	issions paid. L	ist in line 3.	the agents,	brokers, an	d ot	her persons in
(a) Total	amount of com	missions paid			(b) To	otal amount	of fees paid	1	
		180000						7	781059
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	es as need	ed to report all	persons).				
	(a) Name a	and address of the agent, broke	er, or other	person to who	m commiss	ions or fees	were paid		
AON CONSULTING INC				RK PLACE 60673-1298					
(b) Amount of sales a	nd base	F	ees and ot	her commissio	ns paid				
commissions pa		(c) Amount			(d) Purpos	е			(e) Organization code
180000 781059 SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES					3				
	(a) Name a	and address of the agent, broke	er, or other	person to who	m commiss	ions or fees	were paid	_	
(b) Amount of sales a	nd base	F	ees and of	her commissio	ns paid				

			1
			1
			1
			1
			1
			1
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(b) Amount of sales and base			

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other (specify) 6 f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 0 c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > c Additions: (1) Individual policies (2) g upranteed investment (4) 0 other > b Balance at the end of the previous year. 7c(1) 7b				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) * f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(5) 0 (6) Total additions. 7b and 7c(6)). 7d 0 (6) Total additions (add lines 7b and 7c(6)). 7d 7d 0 (7c(2) 7d 7e(1) 7e(2) 7e(3) 7e(4) (6) Total additions (add lines 7b and 7c(6)). 7d 7d 7e(2) 7e(4) 7e(4) 7e(2) 7e(3) 7e(4)		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the ing purposes if such contra	icts are expe	erience-rated as a unit	. Where co	ntracts cover individual
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	c	Vision		d X Life insurance
	еĪ	Temporary disability (accident and sickness)	f Long-term disability	a	Supplemental unem	oloyment	h Prescription drug
	ίĪ	Stop loss (large deductible)	j HMO contract	k [1	,	I Indemnity contract
	m	☐ Other (specify) ►	· 🗋 👘	L			
	L						
9	Expe	erience-rated contracts:					
	•	Premiums: (1) Amount received	[9a(1)		92168363	
		(2) Increase (decrease) in amount due but unpaid	I	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	92168363
	b	Benefit charges (1) Claims paid		9b(1)		95950834	
		(2) Increase (decrease) in claim reserves		9b(2)		-2966102	
		(3) Incurred claims (add (1) and (2))				9b(3)	92984732
		(4) Claims charged				9b(4)	92984732
	С	Remainder of premium: (1) Retention charges (or					
		(A) Commissions		9c(1)(A)		180000	
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)		1522411	
		(E) Taxes		9c(1)(E)		2142346	
		(F) Charges for risks or other contingencies		9c(1)(F)		570865	
		(G) Other retention charges		9c(1)(G)		-909853	
		(H) Total retention				9c(1)(H)	3505769
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in o	ash, or	credited.)	9c(2)	12409
	d	Status of policyholder reserves at end of year: (1)) Amount held to provide be	enefits after	retirement	9d(1)	443807230
		(2) Claim reserves				9d(2)	26501147
		(3) Other reserves				9d(3)	646349
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered i	n line 9c(2)	.)	9e	
10) No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	0
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				10b	

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

SCHEDULE	Δ	Insuranc	e Informatio	n				
(Form 5500)		insulanc	OMB No. 1210-0110		IB No. 1210-0110			
Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2022			
Department of Labo Employee Benefits Security Ad		File as an at	tachment to Form 55	00.				
Pension Benefit Guaranty Co	orporation		panies are required to provide the information This F uant to ERISA section 103(a)(2).				orm is Open to Public Inspection	
For calendar plan year 20	22 or fiscal plar	year beginning 01/01/2022		and en	iding 12/3	31/2022	-	
A Name of plan B Three				e-digit number (Pl	N) 🕨	504		
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			oyer Identific 3408857	cation Number	(EIN)	
Part I Information on a separ	tion Concer ate Schedule A	ning Insurance Contract . Individual contracts grouped as	Coverage, Fees, a unit in Parts II and II	and Con	nmission ported on a	S Provide infor single Schedul	rmation for each contract e A.	
1 Coverage Information:								
(a) Name of insurance ca AETNA LIFE INSURANCE		Γ	(e) Approximate nu	umbor of		Policy or c	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	at end of	(f)	From	(g) To	
06-6033492	60054	0700140-RET	21459	,	01/01/202	2	12/31/2022	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	l commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in	
(a) Total	amount of comr	nissions paid		(b) To	otal amount	of fees paid		
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales a commissions pa		(c) Amount	s and other commission	ns paid (d) Purposi	e		(e) Organization code	
		() / mount			<u>.</u>			
	(2) Nome a	nd addross of the agent, breker,	ar other person to when	moommice	ions or foco	woro poid		
	(a) Name a	nd address of the agent, broker, o		m commiss	IULIS ULIEES	were paid		

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instantiated in separate accounts) a Type of contract: (1) indeposit administration (2) (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7b c (4) Thansferred from separate account. 7c(2) 7c(3) 7c(4) (5)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) guaranteed investment (4) inmediate participation guarantee (3) guaranteed investment (4) other individual policies (3) interest credited during the year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) 7c(2) (2) Dividends and credits. 7c(3) 7c(4) 7c(5) 0 (3) Interest credited during the year. 7c(4) 7d 0 0 (6) Total additions. 7b and 7c(6)). 7d 0 0 (6) Total additions. 7b and 7c(6). 7d 0 0 (7d) Total dotions (add lines 7b and 7c(6)). 7d 0 0 0 (6) Total additions (add lines 7b and 7c(6)). 7d 0 0 0 0 0 0 0 0 0 0 0 0		b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify)		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

8 Ben a [e [i [m[efit and contract type (check all applicable boxes)] Health (other than dental or vision)] Temporary disability (accident and sickness)] Stop loss (large deductible)] Other (specify) ▶	b X Dental f ☐ Long-term disability j ☐ HMO contract	c [Vision		a 🗆	
e [i [Temporary disability (accident and sickness) Stop loss (large deductible)	f		Vision		- I	
i [Stop loss (large deductible)					d Life insurance	
i [Stop loss (large deductible)		/ g	Supplemental unemp	lovment	h Prescription drug	
m[k	PPO contract		I Indemnity contract	
	_						
9 Expe	rience-rated contracts:						
	Premiums: (1) Amount received		9a(1)			-	
	(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
	(3) Increase (decrease) in unearned premium res		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 (c	n 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	amounts were paid in a	cash, or	credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide b	enefits after	retirement	9d(1)		
	(2) Claim reserves				9d(2)		
	(3) Other reserves				9d(3)		
е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2)	.)	9e		
10 No	nexperience-rated contracts:						
а	Total premiums or subscription charges paid to o	arrier			10a	8288	3885
b	If the carrier, service, or other organization incurr retention of the contract or policy, other than rep- cify nature of costs.				10b		

Pa	Int 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 answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE A		Insuranc	e Information	n		O	//B No. 1210-0110	
•	Form 5500	·	.					
	Internal Revenue Service Employee Retirement I			to be filed under section ome Security Act of 19				2022
	epartment of Labor enefits Security Adn		File as an at	tachment to Form 55	00.			
Pension B	enefit Guaranty Cor	poration	 Insurance companies ar pursuant to Ef 	e required to provide t RISA section 103(a)(2)		ion	This Fo	rm is Open to Public Inspection
For calenda	r plan year 202	2 or fiscal plar	n year beginning 01/01/2022		and er	iding 12/3	1/2022	
A Name of NOKIA RE	•	RE BENEFITS	S PLAN			e-digit number (PN	N) 🕨	504
	nsor's name a		e 2a of Form 5500			oyer Identific 3408857	ation Number	(EIN)
Part I	on a separa	ion Concer ate Schedule A	ning Insurance Contract	Coverage, Fees, a unit in Parts II and II	and Con	nmissions ported on a s	S Provide info single Schedu	rmation for each contract le A.
1 Coverage	e Information:							
• •	f insurance car EALTH PLANS							
(b)	EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of			Policy or c	contract year
(6)		code	identification number	policy or contrac		(f)	From	(g) To
61-1103898		95270	SEE BELOW*	47 01/01/202		2	12/31/2022	
	e fee and comr ng order of the		ation. Enter the total fees and tota	commissions paid. L	ist in line 3	the agents,	brokers, and o	other persons in
	(a) Total a	mount of comr	missions paid	(b) Total amount of fees paid				
3 Persons	receiving com		ees. (Complete as many entries a					
		(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid	
	unt of sales an			and other commission				-
CO	mmissions pai	d	(c) Amount		(d) Purpos	e		(e) Organization code
				A				•
		(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or tees	were paid	

(b) Amount of sales and base commissions paid	F		
	(c) Amount	(d) Purpose	(e) Organization code
		5599	

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of the region. 4 Current value of plan's interest under this contract in the general accounts at year end. 5 Contract with Allocated Funds: 5 a State the basis of premium rates > 5 b Premiums due bot unpaid at the end of the year. 6b c Premiums due bot unpaid at the end of the year. 6b d If the carrier, survice, or contract or policy, enter amount. 6c specify nature of costs 6 other specific number of the contract on policy, enter amount. 6c specify nature of costs (2) group deferred annuity (3) other specific number (2) group deferred annuity (3) other specific number (2) instructure of costs f if contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With hunlocated Europaids (2) immediate participation guarantee (3) guaranteed investment (4) other > b Balance at the end of the previous year. 7c(1) 7c(2)				1 ago 🗸		
5 Current value of plans interest under this contract in separate accounts at year end	F	Part II	Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre	nt value of plan's interest under this contract in the general account at year e	end	4	
a State the basis of premium rates > b Premiums paid to carrier c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs • e Type of contract: (1) [] individual policies (2) [] group deferred annuity (3) [] other (specify) > f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here > 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a a Type of contract: (1) [] deposit administration (2) [] mineliate participation guarantee (3) [] guaranteed investment (4) [] other > b Balance at the end of the previous year. 7b c Additions: (1) Contributions deposited during the year. 7c(1) (2) Other (specify below) 7c(3) 7c(4) (3) Interest creatiled during the year. 7c(4) 7c(3) (4) Transferred from separate account. 7c(4) 7c(5) 0 (b) Total additions. 7c(6) 7d 0 (c) Total is additions (add lines 7b and 7c(6)). 7e(1) 7e(3) 7e(4)	5				5	
c Premiums due but unpaid at the end of the year	6				· · ·	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 6d Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) inder (specify) individual policies (2) group deferred annuity (3) inder (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here individual policies (3) group administration (2) immediate participation guarantee (3) interest credited during the year. b Balance at the end of the previous year. 7b 0 c Additions: (1) Contributions deposited during the year. 7c(1) 7c(3) (3) Interest credited during the year. 7c(4) 7c(3) 7d (5) Other (specify below) 7c(6) 7d 0 (6)Total additions (ad lines 7b and 7c(6)) 7d 7d (7d) 7d 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7d 7d (b) Total additions (add lines 7b and 7c(6)) 7d 7e(1) 7e(2) 7e(b I	Premiums paid to carrier		6b	
retention of the contract or policy, enter amount		C	Premiums due but unpaid at the end of the year		6c	
e Type of contract: (1)individual policies(2) group deferred annuity(3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here \		d I	f the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
(3) □ other (specify) → f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here → □ 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) □ deposit administration (2) □ mmediate participation guarantee (3) □ guaranteed investment (4) □ other → b Balance at the end of the previous year			Specify nature of costs			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. c Additions: (1) Contributions deposited during the year. (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (4) Transferred to separate account. (5) Total deductions. (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7) Contracts (2) Administration charge made by carrier. (3) Transferred to separate account. (4) Other (specify below) (5) Total deductions. (5) Total deductions.				l annuity		
a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
(3) guaranteed investment (4) other b Balance at the end of the previous year	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts main	ntained in separate accounts)		
b Balance at the end of the previous year		a ⁻	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
b Balance at the end of the previous year			(3) duaranteed investment (4) dther			
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
c Additions: (1) Contributions deposited during the year						
(2) Dividends and credits					76	C
(3) Interest credited during the year						
(4) Transferred from separate account		((2) Dividends and credits			
(5) Other (specify below)		((3) Interest credited during the year			
(6)Total additions		((4) Transferred from separate account			
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier		((5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)). 7d 0 e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) 7e(2) (2) Administration charge made by carrier)				
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1) (2) Administration charge made by carrier			· · ·			
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		d ⊤	otal of balance and additions (add lines 7b and 7c(6))		7d	C
(2) Administration charge made by carrier						
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(3) Transferred to separate account 7e(3) (4) Other (specify below) 7e(4) (5) Total deductions 7e(5)						
(4) Other (specify below) 7e(4) (5) Total deductions		•	,			
(5) Total deductions		(4	4) Other (specify below)			
		Ì	• · · · · · · · · · · · · · · · · · · ·			
		,				
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		`	,			
		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	C

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as a	a unit. Where co	ontracts cover individ	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance	•
	e	Те	mporary disability (accident and sickness)	f Long-term disabil	ity a	Supplemental ur	nemployment	h Prescription d	rua
	i		op loss (large deductible)	j X HMO contract	k, s		lompiojinem		•
	• L	_			n				liaci
	m	Ot	her (specify) 🕨						
٥	Eve	ariand	ce-rated contracts:						
9	•		iums: (1) Amount received		9a(1)			-	
	a		ncrease (decrease) in amount due but unpaid		9a(2)			-	
			ncrease (decrease) in unearned premium res		9a(3)			-	
		• •	Earned ((1) + (2) - (3))				9a(4)		0
	b	• •	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add (1) and (2))		· · · ·		9b(3)		0
		• •	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (o	on an accrual basis)					
			(A) Commissions		9c(1)(A)			7	
			(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)		I		
			(H) Total retention	_				1	0
		(2) [Dividends or retroactive rate refunds. (These	e amounts were 🔄 paid i	n cash, or	credited.)	····· 9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	er retirement	9d(1)		
		(2) (Claim reserves				9d(2)		
		• •	Other reserves						
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2	2) .)	9e		
10) No		erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			<u>10a</u>		22071
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	Int 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 answer to line 11 is "Yes," specify the information not provided			

SCHEDULE A		4	Insuranc	e Information	n		ON	<i>I</i> IB No. 1210-0110
				ired to be filed under section 104 of the t locome Security Act of 1974 (ERISA).			2022	
	epartment of Labor nefits Security Admin	nistration		tachment to Form 55		,		
· · ·	enefit Guaranty Corpo		 Insurance companies ar pursuant to EF 	e required to provide t RISA section 103(a)(2)		ion	This Fo	rm is Open to Public Inspection
For calendar	plan year 2022	or fiscal plan	year beginning 01/01/2022		and en	iding 12/31	/2022	-
A Name of NOKIA RET	plan TREE WELFAR	E BENEFITS	PLAN		B Thre plan	e-digit number (PN) 🕨	504
•	nsor's name as a		e 2a of Form 5500		-	oyer Identifica 3408857	tion Number	(EIN)
Part I 1 Coverage	Information on a separate	e Schedule A.	ning Insurance Contract (Individual contracts grouped as	Coverage, Fees, a unit in Parts II and II	and Con I can be re	ported on a s	Provide info ingle Schedu	rmation for each contract le A.
· · ·	insurance carrie							
		(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	contract year
(b)	EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
37-1326199	6	60052	304356, 303931	88		01/01/2022		12/31/2022
	fee and commi g order of the a		ation. Enter the total fees and total	l commissions paid. Li	ist in line 3	the agents, b	orokers, and o	other persons in
	(a) Total am	nount of comn	nissions paid		(b) To	otal amount o	f fees paid	
3 Persons	eceiving commi	issions and fe	ees. (Complete as many entries a	is needed to report all	persons)			
	g		nd address of the agent, broker, c			ions or fees v	were paid	
	unt of sales and mmissions paid	base	(c) Amount	and other commission	ns paid (d) Purpos	•		(e) Organization code
		(a) Name a	nd address of the agent, broker, c	or other person to who	m commiss	ions or fees v	were paid	

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

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

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

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

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

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

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

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

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

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

I	Part I	I Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivitive this report.	dual contracts with each carrier ma	y be treated as a ur	nit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year of	end	4	
5		nt value of plan's interest under this contract in separate accounts at year er		5	
6		acts With Allocated Funds: 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 corretention of the contract or policy, enter amount	nection with the acquisition or	6d	
		Specify nature of costs			
		Type of contract: (1) individual policies (2) group deferred (3) other (specify) •	1 annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts main	intained in separate accounts)		
	a	Type of contract: (1) 🗌 deposit administration (2) 🗌 immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►			
		(0) [] 3			
		Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(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)		
	I				
		(6)Total additions		7c(6)	0
	d ⊺	otal of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:			
	(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)		
	, I				
	```	5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )		7f	0

F	Part		Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are ex	perience-rated as	a unit. Where co	ontracts cover indi	
8	Ben	efit a	nd contract type (check all applicable boxes)		-				
	a	He	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision		d Life insura	nce
	e	Те	mporary disability (accident and sickness)	<b>f</b> Long-term disabil	ity <b>a</b>	Supplemental u	inemployment	<b>h</b> Prescriptio	n drug
	i		op loss (large deductible)	j X HMO contract		PPO contract	anompioyment		•
	• L	_			n				Johnaci
	m	Ot	ther (specify)						
0	<b>-</b>		an and all a surface of a						
9	•		ce-rated contracts:		00(1)			-	
	a		iums: (1) Amount received ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			-	
			ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res		9a(3)			-	
		• •	Earned ((1) + (2) - (3))						0
	b	• •	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves					-	
		• •	ncurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		• •	Claims charged					1	
	С	• •	nainder of premium: (1) Retention charges (o						
			(A) Commissions		9c(1)(A)			1	
			(B) Administrative service or other fees		9c(1)(B)			7	
			(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)		1		
			(H) Total retention			-		)	0
		(2) [	Dividends or retroactive rate refunds. (These	e amounts were 🔄 paid i	n cash, or	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1	) Amount held to provide	benefits aft	er retirement	9d(1)		
		(2) (	Claim reserves				9d(2)		
		• •	Other reserves						
	е		dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line <b>9c(</b>	<b>2)</b> .)	9e		
10	) No	•	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			10a		217995
	b		e carrier, service, or other organization incurn ntion of the contract or policy, other than rep						

Pa	t 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 answer to line 11 is "Yes." specify the information not provided			

(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2022 or fiscal plan year A Name of plan NOKIA RETIREE WELFARE BENEFITS F		Act of 1974 (ERISA). nt to Form 5500. and endin B Three-digi	ng 12/31/2		2022 Form is Open to Public Inspection.	
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2022 or fiscal plan year A Name of plan	Petirement Income Security File as an attachme year beginning 01/01/2022	Act of 1974 (ERISA). nt to Form 5500. and endin B Three-digi	ng 12/31/2		Form is Open to Public	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2022 or fiscal plan A Name of plan	year beginning 01/01/2022	and endir <b>B</b> Three-digi			•	
For calendar plan year 2022 or fiscal plan y A Name of plan	· · · · · ·	B Three-digi		2000		
A Name of plan	· · · · · ·	B Three-digi			•	
•	PLAN	•				
		plan hum	ber (PN)	•	504	
C Plan sponsor's name as shown on line	2a of Form 5500	D Employer	Identificatio	n Number	(EIN)	
NOKIA OF AMERICA CORPORATION		22-34088	57			
Part I Service Provider Inform	nation (see instructions)					
answer line 1 but are not required to inc 1 Information on Persons Rece		nainder of this Part.				
a Check "Yes" or "No" to indicate whether indirect compensation for which the plar	you are excluding a person from the rem n received the required disclosures (see ir		-	-		
<b>b</b> If you answered line 1a "Yes," enter the received only eligible indirect compensation	name and EIN or address of each persol tion. Complete as many entries as neede		sclosures for	the servic	e providers who	
	and EIN or address of person who provid	ded you disclosures on elig	ible indirect	compensa	tion	
THE DREYFUS CORPORATION						
13-5673135						
(b) Enter name	and EIN or address of person who provid	ded you disclosures on elig	ible indirect	compensa	tion	
METLIFE						
13-5881829						
10 0001020				compensa	tion	
	and EIN or address of person who provid	led you disclosures on elig	ible indirect	oomponou		
	and EIN or address of person who provid	led you disclosures on elig	ible indirect	oomponou		
<b>(b)</b> Enter name	and EIN or address of person who provid					

Page 2- 1

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

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

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

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

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

# 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)

#### ALIGHT SOLUTIONS LLC

#### 82-1061233

<b>(b)</b> Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(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				
13 15 50	NONE	2963523	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗍			
	(a) Enter name and EIN or address (see instructions)								

#### **DELOITTE & TOUCHE LLP**

#### 13-3891517

<b>(b)</b> Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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	
10 50	NONE	144650	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗌

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

#### AON CONSULTING, INC.

#### 22-2232264

(b)	(c)	(d)	(e)	(f)	(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,	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	Did the service provider give you a formula instead of an amount or estimated amount?
					(f). If none, enter -0	
11 16 38 50	NONE	108180	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗍

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

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

#### UNITED HEALTHCARE

#### 36-2739571

<b>(b)</b> Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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?			
13 50	NONE	104570	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗍			
	(a) Enter name and EIN or address (see instructions)								

#### MERATIVE

#### 88-1430661

<b>(b)</b> Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(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	
15 50	NONE	83991	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗌

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

NOKIA INVESTMENT MNGMT CORP.

#### 22-3646524

(b)	(c)	(d)	(e)	(f)	(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,	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	an amount or estimated amount?
31 50	AFFILIATE	58959	Yes 🗌 No 🛛	Yes No	(f). If none, enter -0	Yes   No

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

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

BLACKROCK INSTITUTIONAL TRUST CO

#### 94-3112180

<b>(b)</b> Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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?			
21 24 28 50 51	NONE	29144	Yes X No	Yes 🛛 No 🗌	0	Yes 🗌 No 🗙			
	(a) Enter name and EIN or address (see instructions)								

BANK OF NEW YORK MELLON

#### 13-5160382

<b>(b)</b> Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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				
19 21 25 49 50 62	TRUSTEE	23000	Yes 🛛 No 🗌	Yes 🛛 No 🗌	0	Yes 🛛 No 🗌			
	(a) Enter name and EIN or address (see instructions)								

CANDID LITHO

#### 13-3574319

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid	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	Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	16294	Yes 🗌 No 🛛	Yes No	(f). If none, enter -0	Yes   No

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

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

#### UNIVERSAL MAILING SERVICE

#### 22-2381663

<b>(b)</b> Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(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?		
38 50	NONE	12174	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 📔 No 🗌		
(a) Enter name and EIN or address (see instructions)								
RICHARD CASH			203 CC	ORNELL BLVD				

## BRIDGEWATER, NJ 08807-2423

<b>(b)</b> Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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			
16 50	NONE	8250	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗌		
(a) Enter name and EIN or address (see instructions)								

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect	Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes 🗌 No 🗌	(f). If none, enter -0	Yes No

Part I	Service Provider Information (continued)		
or provic question provider	eported on line 2 receipt of indirect compensation, other than eligible indirect compendes contract administrator, consulting, custodial, investment advisory, investment must for (a) each source from whom the service provider received \$1,000 or more in in gave you a formula used to determine the indirect compensation instead of an amount fries as needed to report the required information for each source.	anagement, broker, or recordkeeping direct compensation and (b) each sou	services, answer the following rce 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		ompensation, including any he service provider's eligibility e 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		pmpensation, including any he service provider's eligibility e 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		ompensation, including any he service provider's eligibility e indirect compensation.

Part	II Service Providers Who Fail or Refuse to	<b>Provide Inform</b>	mation
	rovide, to the extent possible, the following information for ea is Schedule.	ach service provide	er who failed or refused to provide the information 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	(b) Nature of	(C) Describe the information that the service provider failed or refused to
	instructions)	Service Code(s)	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

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Part III Termination Information on Accountants (complete as many entries as needed)	
a Name:	<b>b</b> EIN:
Position:	
Address:	e Telephone:
Explanation:	
a Name:	<b>b</b> EIN:
Position:	
Address:	e Telephone:
Explanation:	
Explanation:	
Explanation:	<b>b</b> EIN:
	<b>b</b> EIN:
a Name:	b EIN: e Telephone:
Name: Position:	
Name: Position:	
Name:     Position:     Address:	
Name:     Position:     Address:	
Name:     Position:     Address: Explanation: Name:     Position:	b EIN:
Name:     Position:     Address: Explanation:	e Telephone:
Name:     Position:     Address: Explanation: Name:     Position:	b EIN:

а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D	SCHEDULE D DFE/Participating Plan Information (Form 5500)			OMB No. 1210-0110
Department of the Treasury Internal Revenue Service		required to be filed under section 104 of th ement Income Security Act of 1974 (ERISA	2022	
Department of Labor Employee Benefits Security Administration	•	File as an attachment to Form 5500.		This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal p	lan year beginning	01/01/2022 ar	d ending 12/3	1/2022
A Name of plan NOKIA RETIREE WELFARE BENEF			B Three-digit plan numb	er (PN) 🕨 504
C Plan or DFE sponsor's name as sho NOKIA OF AMERICA CORPORATIO	Ν		22-34088	
(Complete as many e	entries as needed	Ts, PSAs, and 103-12 IEs (to be co to report all interests in DFEs)	ompleted by pla	ans and DFEs)
<b>a</b> Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	U.S. DEBT INDEX FUND		
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROCK	(INSTITUTIONAL TRUST CO. N.A.		
C EIN-PN 94-3138366-001	d Entity code C	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		13171474
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	RUSSELL 3000 INDEX FUND B		
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROCK	(INSTITUTIONAL TRUST CO. N.A		
C EIN-PN 94-3304650-001	d Entity code C	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		71411955
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	MSCI ACWI EX US INDEX FD		
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROCH	(INSTITUTIONAL TRUST CO. N.A.		
C EIN-PN 30-0587660-001	d Entity code C	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		43527398
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	MSCI EQ INDEX FD B RUSSIA		
<b>b</b> Name of sponsor of entity listed in	(a): BLACKROCH	(INSTITUTIONAL TRUST CO. N.A.		
C EIN-PN 94-3300062-001	d Entity code C	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		21
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	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		
<b>a</b> 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	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		
<b>a</b> Name of MTIA, CCT, PSA, or 103-	12 IE:			
<b>b</b> Name of sponsor of entity listed in				
C EIN-PN	<b>d</b> Entity code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		

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

Page **2 -** 1

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)
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	<b>e</b> 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)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	. ,	
C EIN-PN	<b>d</b> Entity code	<b>e</b> 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	<b>e</b> 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	e 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	<b>e</b> 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	<b>e</b> 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	d Entity code	<b>e</b> 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	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

(Form 5500)       2022         Destruction of the Entropy o	SCHEDULE H	Financial In	formatio	on					OMB No.	1210-	0110
Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the internal Revenue Code (incode).           This Form is Open to Public Inspection           Tot calendar plan year 2023 of fiscal plan year beginning. 01/01/2022         and ending. 12/31/2022           A name of plan           NOKIA RETIREE WELFARE BENEFITS PLAN         Bernover from its Open to Public Inspection           OPENDE INFORMATION         Demonstration of the plan year 2023 of fiscal plan year 2016 of the plan year.         This Form is Open to Public Inspection           Part I         Asset and Liability Statement         Image: District Plan Assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of plan sestes and liabilities at the beginning and end of the plan year. Combine the value of plan assets and liabilities at the beginning into an insurance contract which guarantees, during the plan year, to pay a specific dollar the value of plan assets and load on to complete lines 14 and 16. See instructions.           1         Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets and load 1024 (2000), 19, th.           1         Current value of plan assets and liabilities at the beginning and end of the plan year is pays appecific dollar the value of plan assets and liabilities (2000), 19, th.         Image: District Plan Pl	(Form 5500)										
Englished Handling         Pile as an attachment to Form 5500.         This Form is Open to Public Inspection           For calendar plan year 2023 of Iscal plan year beginning NoKIA RETIREE WELFARE BENEFITS PLAN         B         Three-digit plan number (PN)         504           C Plan sponsor's name as shown on line 2a of Form 5500 NOKIA OF AMERICA CORPORATION         D         Employer Identification Number (EIN) 22-3406857           Part I         Asset and Liability Statement         D         Employer Identification Number (EIN) 22-3406857           1         Current Value of plan assets and itabilities at the beginning and end of the plan year. Combine the value of plan assets and itability statement         D         Employer Identification Number (EIN) 22-3406857           1         Current Value of plan assets and itabilities at the beginning and end of the plan year. Combine the value of plan assets and itability aurantees, during the units is reprodue to end times te(20) through 1c(14). Do not enter the value of than asset of more time one plan case it and the abel plan wars, to pay a specific dollar benefit at future date. Round of amounts to the nearest of allows. TMLs, CCTS. PSAs, and 103-12 (Es do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 (Es allo do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 (Es allo do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 (Es allo do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 (Es allo do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 (Es allo do not complete lines to (1), 1b(2), 1c(3), 1g, 1h, and 1i. CCTs, PSAs, and	Internal Revenue Service	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the					e	2022			
For calendar plan year 2022 of fiscal plan year beginning       01/01/2022       and ending       1/231/2022         A Name of plan       B       Three-digit plan number (PN)       504         NOKIA RETIREE WELFARE BENEFITS PLAN       D       Employer Identification Number (EIN)         22-3408857       D       Employer Identification Number (EIN)         23-3408857       D       Employer Identification Number (EIN)         23-340885       D       D       Employer Identification Number (EIN)         24-340887       Assets       Identification Number (EIN)       1         25-340885       D       Identification Interest-bearing cash       Identification Interesthead Interest Interesting Interest Interes	Employee Benefits Security Administration		,	,							
A Name of plan       NOKIA RETIREE WELFARE BENEFITS PLAN       B       Three-digit plan number (PN)       504         C Plan sponsor's name as shown on line 2a of Form 5500       NOKIA OF AMERICA CORPORATION       D       Employer Identification Number (EIN) 22-3406857         Part I       Asset and Liability Statement       -       -       -       -         1       Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one thus. Report the value of hean assets held in more than one that on a line-by-line basis unless the value is reportable on beenefit at a fulue date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 lies do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 lies also do not complete lines the fully experiments.       1a       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -		an year beginning 01/01/2022		and e	anding	л 12	2/31/20	122	Insp	ectior	1
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(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(11)         (13) Value of interest in registered investment companies (e.g., mutual funds)       1c(13)       2341000       6960000         (14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)       571942000       443316000						161	64200	0			128111000
(11) Value of interest in master trust investment accounts						101	04200	<u> </u>			120111000
(12) Value of interest in 103-12 investment entities       1c(12)         (13) Value of interest in registered investment companies (e.g., mutual funds)	.,										
<ul> <li>(13) Value of interest in registered investment companies (e.g., mutual funds)</li></ul>											
funds)     itc(13)     2341000     0960000       (14) Value of funds held in insurance company general account (unallocated contracts)     itc(14)     571942000     443316000								-+			
contracts)	funds)		1c(13)			2	34100	0			6960000
(15) Other 1c(15)			1c(14)			571	94200	,0			443316000
	(15) Other		1c(15)								

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

Schedule H	(Form 5500)	) 2022
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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	754828000	592592000
	Liabilities			
g	Benefit claims payable	1g	9700000	8200000
h	Operating payables	1h	460000	10934000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	10160000	19134000
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	744668000	573458000

## 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>(b)</b> Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1079000	
(B) Participants	2a(1)(B)	67353000	
(C) Others (including rollovers)	2a(1)(C)	5000000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		118432000
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)	969000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		969000
(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>B</b> ) Other	2b(5)(B)	-91854000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-91854000

			-				
				<b>(a)</b> An	nount		<b>(b)</b> Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)					-28519000
	(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)					
С	Other income	2c					9363000
d	Total income. Add all income amounts in column (b) and enter total	2d					8391000
	Expenses						
е	Benefit payment and payments to provide benefits:						
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			1612	25000	
	(2) To insurance carriers for the provision of benefits	2e(2)			98	96000	
	(3) Other	2e(3)					
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)					171121000
f	Corrective distributions (see instructions)	2f					
g	Certain deemed distributions of participant loans (see instructions)	2g					
h	Interest expense	2h					
i	Administrative expenses: (1) Professional fees	2i(1)			84	80000	
	(2) Contract administrator fees	2i(2)					
	(3) Investment advisory and management fees	2i(3)					
	(4) Other	2i(4)					
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)					8480000
j	Total expenses. Add all expense amounts in column (b) and enter total	2j					179601000
-	Net Income and Reconciliation						
k	Net income (loss). Subtract line <b>2j</b> from line <b>2d</b>	2k					-171210000
I	Transfers of assets:						
	(1) To this plan	2l(1)					
	(2) From this plan	21(2)					
Pa	art III Accountant's Opinion						
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached	to this	Form	5500. Co	omplete line 3d if an opinion is not
а	The attached opinion of an independent qualified public accountant for this pla	in is (see in	structions):				
	(1) $\times$ Unmodified (2) $\Box$ Qualified (3) $\Box$ Disclaimer (4)	Adverse	)				
b	Check the appropriate box(es) to indicate whether the IQPA performed an ER performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d).	Check box	(3) if pursua	ant to	neither		
	(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3)	X neither [	OL Regula	tion 2	520.10	3-8 nor [	OOL Regulation 2520.103-12(d).
С	Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: DELOITTE & TOUCHE LLP		(2) EIN:	13-3	89151	7	
d	The opinion of an independent qualified public accountant is not attached be	cause:					
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attac	hed to the n	ext Form 55	500 pu	rsuant	to 29 CF	FR 2520.104-50.
Ра	rt 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	not complet e line 4l.	e lines 4a, 4	le, 4f,	4g, 4h,	, 4k, 4m,	4n, or 5.
	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within						
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a		х	
	any concerce. (Occumentations and DOE's voluntary inductary contection	ogiaiii. <i>)</i>		τa			

	Schedule H (Form 5500) 2022 Page <b>4-</b>	1				
			Yes	No	Amo	ount
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		х		
е	/ Was this plan covered by a fidelity bond?		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?	. 40		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?			X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).		X			
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		Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	- 4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	. 4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Y If "Yes," enter the amount of any plan assets that reverted to the employer this year	es 🔉	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ic transferred. (See instructions.)	lentify 1	he plan	(s) to w	hich assets or liat	ilities were
	5b(1) Name of plan(s)				<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
5C \	Nas the plan a defined benefit plan covered under the PBGC insurance program at any time during the	nis plar	year?	(See EF	RISA section 4021	and

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Employer ID No: 22-3408857 Plan Number: 504

Financial Statements as of December 31, 2022 and 2021 and for the Year Ended December 31, 2022, Supplemental Schedules as of and for the Year Ended December 31, 2022, and Independent Auditor's Report

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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.

# Deloitte.

**Deloitte & Touche LLP** 30 Rockefeller Plaza 41st Floor New York, NY 10112-0015 USA

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#### **INDEPENDENT AUDITOR'S REPORT**

To the Administrator of Nokia Retiree Welfare Benefits Plan

#### Opinion

We have audited the financial statements of 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, 2022 and 2021, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2022, 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, 2022 and 2021, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2022, 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, 2022, and schedule of reportable transactions for the year ended December 31, 2022 are presented for purposes 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.

Deloitte & Josche UP

September 14, 2023

## Statements of Benefit Obligations and Net Assets Available for Benefits

As of December 31, 2022 and 2021

(In Thousands)

	December 31			
	2022	2021		
BENEFIT OBLIGATIONS				
Postretirement benefit obligation:				
Current retirees	\$ 1,690,200 \$	2,241,000		
Medical claims payable and liability for claims incurred				
but not reported	8,200	9,700		
Other participants not yet fully eligible for benefits	 16,900	36,600		
Total benefit obligations	1,715,300	2,287,300		
ASSETS				
Group life insurance policies	443,316	571,942		
Net assets held in Lucent Technologies Inc. Master Pension Trust	443,510	571,942		
Restricted for 401(h) account	108,038	126,049		
Restricted for applicable life insurance account	100,050			
Commingled funds	128,111	161,642		
Registered investment company	6,960	2,341		
Rebates receivable	14,173	16,461		
Due from Sponsor, net	-	2,442		
Interest receivable	32	-		
Total assets	 700,635	880,877		
LIABILITIES				
Due to Sponsor, net	10,172	-		
Accrued administrative expenses	762	460		
Total liabilities	 10,934	460		
	 ,			
Net assets available for benefits	 689,701	880,417		
EXCESS OF BENEFIT OBLIGATIONS OVER NET				
ASSETS AVAILABLE FOR BENEFITS	\$ 1,025,599 \$	1,406,883		

See notes to financial statements.

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

For the Year Ended December 31, 2022

(In Thousands)

<b>Net decrease in benefit obligations</b> Increase (decrease) during the period attributable to:	
Benefits paid, net of retiree contributions	\$ (202,000)
Change in actuarial assumptions and experience	(11,100)
Interest due to the passage of time	52,800
Change in discount rate	 (411,700)
Net decrease in benefit obligations	(572,000)
Net change in net assets available for benefits	
ADDITIONS:	
Other contribution	50,000
Sponsor contributions	1,079
Participant contributions	67,353
Total contributions	 118,432
Investment income (loss):	
Dividend and interest income from insurance policies	9,363
Net depreciation in fair value of investments	(120,373)
Interest income	969
Net investment loss	 (110,041)
Net increase in applicable life insurance account	5
Total additions	 8,396
DEDUCTIONS:	
Claims paid, net of rebates	162,725
Premiums paid	9,896
Net decrease in 401(h) account	18,011
Administrative expenses	 8,480
Total deductions	 199,112
Net decrease in net assets available for benefits	 (190,716)
Decrease in excess of benefit obligations over net assets available for benefits	(381,284)
EXCESS OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	1,406,883
End of year	\$ 1,025,599

See notes to financial statements.

## Notes to Financial Statements

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(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 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 nealth benefits for the 2025, 2026, and 2027 plan years by \$40,000 each year, and (iii) to continue life insurance coverage for such nealth 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, 2022 and 2021, and for the Year Ended December 31, 2022

(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, 2032.

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, 2022 and 2021, and for the Year Ended December 31, 2022

(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 2022, the Company made a contribution in the amount of \$50,000 for prepaid premiums for retiree life insurance coverage for eligible formerly represented occupational retirees for the period January 1, 2023 through December 31, 2023. The Company was reimbursed for this contribution in the amount of \$50,000 by the applicable life insurance accounts held in the Lucent Technologies Inc. Master Pension Trust (MPT). The contribution is recorded as Other contribution 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, 2022 and 2021, and for the Year Ended December 31, 2022

(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	\$ 4,225
Retired under age 65 – family coverage	8,600
Retired age 65 and over – single coverage	2,000
Retired age 65 and over – family coverage	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, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

## 1. Description of the Plan (continued)

There were no reimbursements during the year ended December 31, 2022.

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 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, 2022 and 2021, 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.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

## 2. Summary of 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).

## 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. 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. 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

Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

## 2. Summary of accounting policies (continued)

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

## 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, 2022, a 4.4% 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 2023 for formerly represented occupational retirees and a 6.0% post-65 medical, 7.0% pre-65 medical and 8.5% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2023 for management and non-represented occupational retirees. These rates were assumed to decline gradually after 2023 to 4.5% by the year 2030 for post-65 medical and by the year 2031 for pre-65 medical and all prescription drug benefits and then remain constant.

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.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

#### 2. Summary of 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 \$7,800 and \$11,500 at December 31, 2022 and 2021, respectively.

For purposes of determining the actuarial present value of the PBO for dental as of December 31, 2022, a rate of 3.0% was assumed for 2023 and beyond. 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. 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 \$400 and \$700 at December 31, 2022, and 2021, 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, 2022 and 2021, respectively:

Weighted-average discount rate:	4.87% (2022), 2.41% (2021)
Mortality:	2022: Society of Actuaries Pri-2012 amounts –
	weighted, white collar for management retirees and
	blue collar for occupational retirees with MP-2020
	generational projection scale
	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
Weighted average rate of	
compensation increase:	2.00% (2022), 2.00% (2021)

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

#### 2. Summary of 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, 2022 in the amount of (\$10,600) includes a decrease of \$1,400 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, 2022 and 2021 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, 2022 and December 31, 2021 is \$8,200 and \$9,700, 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, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

## 2. Summary of 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.

#### Contributions

Contributions are recorded when earned.

#### **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, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

## 2. Summary of 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 \$56,285 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, 2022.

## 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 to Sponsor, net of participant contributions of \$2,075, of \$10,172 as of December 31, 2022, and a Due from Sponsor, net of participant contributions of \$2,084, of \$2,442 as of December 31, 2021.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

#### 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.

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.

#### Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

#### 3. Investments (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2022 and 2021. 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 2022 or 2021.

			As	s of Decem	ber 31, 2	2022	
	I	Level 1	Level	2 Le	vel 3	$\mathbf{NAV}^1$	Total
				(In Tho	usands)		
Registered investment company	\$	6,960	\$	- \$	_	\$ -	\$ 6,960
Group life insurance policies ²				-	_	443,316	443,316
Commingled funds ³		-		-	_	128,111	128,111
Total assets	\$	6,960	\$	- \$	—	\$ 571,427	\$ 578,387
			As	s of Decem	ıber 31, 2	2021	
		Level 1	Leve	12 Le	evel 3	$\mathbf{NAV}^1$	Total
				(In Tho	usands)		

Registered investment company	\$ 2,341	\$ - \$	- \$	- 6	\$ 2,341
Group life insurance policies ²	_	_	_	571,942	571,942
Commingled funds ³	_	_	_	161,642	 161,642
Total assets	\$ 2,341	\$ - \$	- \$	5 733,584	\$ 735,925

- ¹ 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.
- ² Prepaid premiums of the group life insurance policies are invested in the following separate accounts:
  - Equity Index Account #150 which seeks to approximate the performance of the S&P 500 Index by investing in a sample of the companies that are included in the index.
  - International Equity Index Account #273 which seeks to approximate the performance of the MSCI EAFE Index by investing in a sample of the companies that are included in the index.
  - Small Cap Equity Index Fund #256 which seeks to approximate the performance of the Russell 2000 Index by investing in a sample of companies that are included in the index.
  - Core Fixed Income Account #81 which seeks to outperform the Bloomberg U.S. Aggregate Bond Index by investing in a sample of securities that are included in the index.

There are no unfunded commitments and currently no redemption restrictions on any of the separate accounts.

³ As of December 31, 2022 and 2021, commingled funds were comprised of \$71,412 and \$91,027, respectively, of an equity index fund, \$13,172 and 15,933, respectively, of a U.S. debt index fund and \$43,527 and \$54,682, respectively, of an EAFE equity index fund. There are no unfunded commitments and currently no redemption restrictions on the commingled funds.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(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 for eligible formerly represented retirees and their eligible covered dependents and to pay for retiree life insurance coverage for eligible formerly represented 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 and their eligible covered dependents 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.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(In Thousands)

#### 4. Section 420 transfers (continued)

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, 2022 and 2021 and the related changes in net assets for the year ended December 31, 2022.

	Decembe	r 31
	 2022	2021
Net assets held in MPT - restricted for 401(h) account	\$ 108,038 \$	126,049

Changes in net assets in the 401(h) account for the year ended December 31, 2022:

Transfer from LTPP	\$ 70,000
Interest income	1,297
Administrative expenses	(4,745)
Benefit payments	 (84,563)
Net decrease in 401(h) account	\$ (18,011)

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, 2022 and 2021 and for the year ended December 31, 2022.

The net assets held in the LTPP for applicable life insurance benefits under Code section 420 as of December 31, 2022 and 2021 were \$5 and \$0, respectively.

The following table presents the changes in net assets in the applicable life insurance account for the year ended December 31, 2022:

	LTPP
Transfer from LTPP	\$ 50,000
Interest income	5
Prepaid premium payments to insurance carrier	 (50,000)
Net change in applicable life insurance account	\$ 5

Detailed disclosures on the investments in the applicable life insurance account, which is held by the MPT, are presented in the LTPP financial statements as of December 31, 2022 and 2021 and for the year ended December 31, 2022.

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(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 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, 2022, 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, 2022 and 2021, and for the Year Ended December 31, 2022

(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, 2022, the Plan incurred fiduciary service fees of \$59, which are included in administrative expenses on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. At December 31, 2022 and 2021, the Plan had a payable due to NIMCO of \$19 and \$18, 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, 2022 and 2021, the Plan held \$6.96 million and \$2.3 million, respectively, of the Dreyfus Treasury and Agency Cash Management Fund, which is a fund that is managed by affiliates of the trustee.

Life insurance benefit payments are administered by MetLife under insurance policies. The prepaid premiums of these policies are invested in separate accounts which are managed by MetLife.

#### 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, 2022 and 2021:

	 2022	2021
Net assets available for benefits per the financial		
statements	\$ 689,701 \$	880,417
Less:		
Medical claims payable and claims incurred		
but not reported	(8,200)	(9,700)
Net assets held in MPT $-401(h)$ account	(108,038)	(126,049)
Net assets held in MPT – applicable life insurance		
account	(5)	-
Net assets per Form 5500	\$ 573,458 \$	744,668

## Notes to Financial Statements (continued)

As of December 31, 2022 and 2021, and for the Year Ended December 31, 2022

(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, 2022:

Net decrease in net assets per the financial statements	\$ (190,716)
Add:	
Medical claims payable and liability for claims incurred but not	
reported as of December 31, 2021	9,700
Net decrease in 401(h) account	18,011
Less:	
Medical claims payable and liability for claims incurred but not	
reported as of December 31, 2022	(8,200)
Net increase in applicable life insurance account	(5)
Net loss per Form 5500	\$ (171,210)

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 14, 2023, the date the financial statements were available to be issued. There were no subsequent events that occurred between January 1, 2023 through September 14, 2023, that required disclosure in the financial statements.

Supplemental Schedules

## 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, 2022

(b) Identity of Iss Borrower, Lessor or <u>(a) Similar Part</u>	(c)		(d) Cost	(e) Current Value
	Commingled funds:			
BlackRock	BlackRock Russell 3000 Index Fund B	\$	80,377,664	\$ 71,411,955
BlackRock	BlackRock U.S. Debt Index Fund B		13,035,876	13,171,474
BlackRock	Blackrock MSCI ACWI ex-U.S. IMI Index Fund B		51,737,483	43,527,398
BlackRock	Blackrock MSCI Equity Index Fund B Russia		-	21
	Registered investment company -			
* Dreyfus	Dreyfus Treasury Obligations Cash Management Fund		6,960,495	6,960,495
	Group life insurance policies:			
* MetLife	Insurance Policy 95083-G		76,390,192	75,163,028
* MetLife	Insurance Policy 190374-G	_	425,627,989	368,152,530
		\$	654,129,699	\$578,386,901

* 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, 2022

#### Single transactions in excess of 5%

					(h)	
<b>(a)</b>		(c)	(d)	(g)	Current Value of	(i)
Identity of	(b)	Purchase	Selling	Cost of	Asset on	Net Gain
<b>Party Involved</b>	l Description of Asset	Price	Price	Asset	<b>Transaction Date</b>	or (Loss)
MetLife	General Account	\$ 50,000,000	\$	<b>\$</b> –	\$ 50,000,000	\$
WICILIIC		\$ 50,000,000	φ —	φ =	\$ 50,000,000	$\phi$ =

## EIN #22-3408857 Plan #504

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

For the Year Ended December 31, 2022

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

<u>Count Shares</u>	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Valu on Transacti	(i) e of Asset Net Gain ion Date or (Loss)_
10956,951,9984856,869,1951653,300,2971842,316,599	Dreyfus MetLife	Treasury Obligations Cash Management Fund Treasury Obligations Cash Management Fund General Account General Account	\$ 56,951,998 \$  53,300,297	- 56,869,195 - 42,316,599	\$ 56,869,195 _ 42,316,599	56,869,195 53,300,297	

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2022.

Plan Name	NOKIA RETIREE WELFARE BENEFITS PLAN
Plan Sponsor EIN	22-3408857
ERISA Plan No.	504
Plan Year End	12/31/2022

## 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	12/31/2022

## 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)